164th
Annual Report
# of the Trustees

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1977
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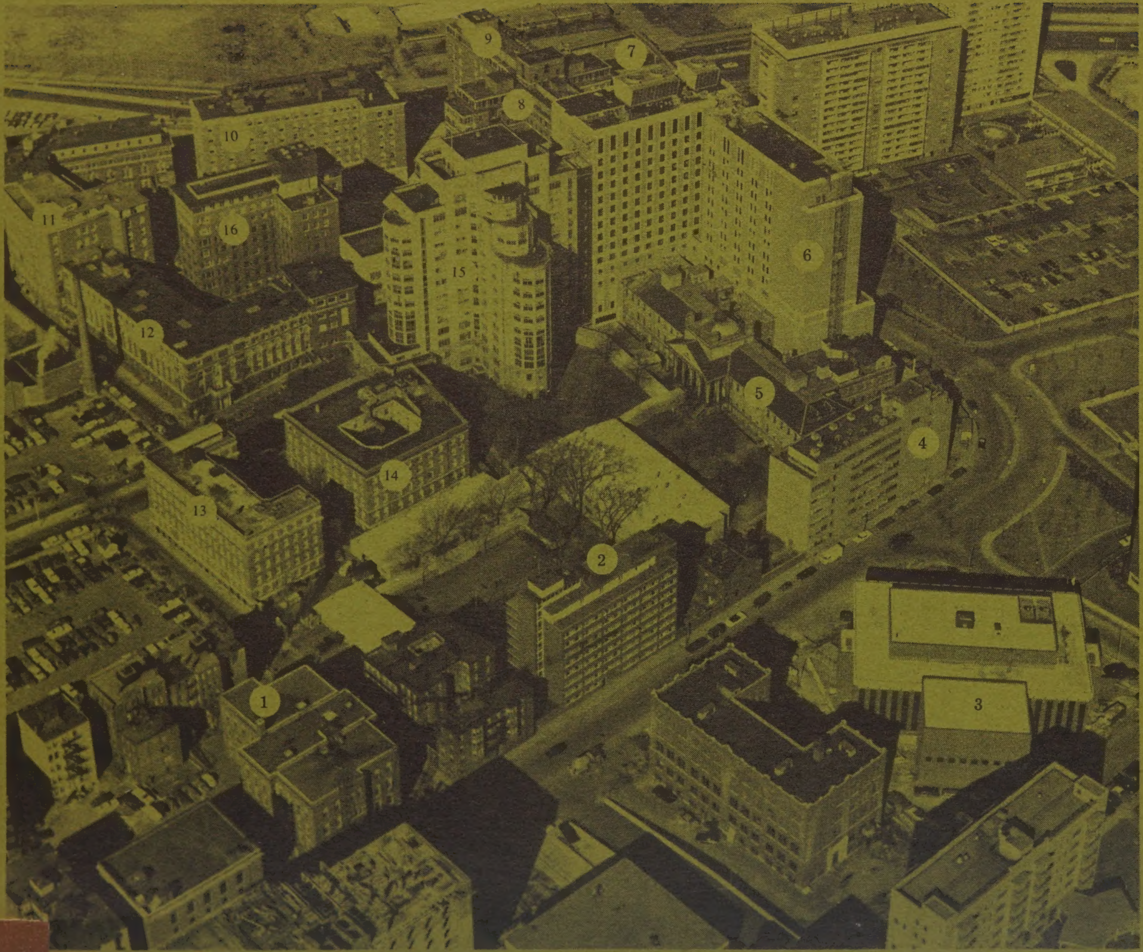

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1. Sleeper Hall.
2. Bartlett Hall Nurses Residence (1954)
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4. Edwards Memorial Research Building (1951)
5. Bulfinch Building (1821)
6. Gray Building, Jackson Tower, and Bigelow Tower (1969)
7. Cox Center (1975)
8. Baker Memorial (1930)
9. Warren Building (1956)
10. Phillips House (1917)
11. Massachusetts Eye and Ear Infirmary, affiliated with the MGH
12. Ambulatory Care Division (1903)
13. Walcott House (1913)
14. Moseley Building (1916)
15. George Robert White Building (1939)
16. Vincent Memorial Hospital and Burnham Memorial for Children (1949)

Mass. General Hospital
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One Hundred and Sixty-Fourth Annual Report of the Trustees

of

THE MASSACHUSETTS GENERAL HOSPITAL

INCLUDING THE GENERAL HOSPITAL IN BOSTON

AND

McLEAN HOSPITAL IN BELMONT

1977

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General Information

The Massachusetts General Hospital is a private nonprofit institution incorporated by special act of the General Court of the Commonwealth in 1811. The Corporation includes **The Massachusetts General Hospital, McLean Hospital,** and **The Massachusetts General Hospital Education Division. The General Hospital** includes the **Baker Memorial,** the **Burnham Memorial for Children, Phillips House,** and the **John Collins Warren Laboratories** of the Huntington Memorial Hospital of Harvard University. Entrances to The General Hospital are on Fruit Street at the end of North Grove Street, on Blossom Street, and on Charles Street in Boston. **McLean Hospital,** in Belmont, Massachusetts, is a psychiatric hospital. **Vincent Memorial Hospital** is a separate institution staffed and managed by the Gynecological Service of The General Hospital.

Other Facilities

The Emergency Ward, located at the Fruit Street entrance of The General Hospital, is open 24 hours a day.

The Ambulatory Care Division is available to patients, without regard to financial status, during daytime hours. Appointments may be made by mail, telephone, or personal application at the Clinics Admitting Desk (entrance off Fruit Street).

Logan Airport Medical Station is an extension of The General Hospital serving passengers, employees, and visitors at the airport.

MGH-Bunker Hill Health Center, located on High Street in Charlestown, is a facility of The General Hospital devoted to the medical care of Charlestown residents.

MGH-Chelsea Health Center, a similar facility located at 111 Bellingham Street in Chelsea, provides care to the residents of Chelsea and neighboring communities.

The General Hospital is affiliated with the Massachusetts Eye and Ear Informary and the Shriners Hospitals for Crippled Children, Burns Institute, Boston Unit.

The Massachusetts General Hospital is

- A member of the American Hospital Association and the Massachusetts Hospital Association
- Accredited by the Joint Commission on Accreditation of Hospitals of the United States and Canada
- Approved for residency training by The American Medical Association

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DEPARTMENT OF NURSING

Director
Mary E. Macdonald, R.N.

Associate Director, Inpatient Services
Gellestrina T. DiMaggio, R.N.

Associate Director, Ambulatory Services
Ruth M. Farrisey, R.N.

Assistant Directors and Chairmen

Elizabeth M. Sheehy, R.N.
(*Phillips House*)
Agnes M. Rockett, R.N.
(*Operating Room*)
Adele L. Corkum, R.N.
(*Baker Memorial*)
Patricia A. Regan, R.N., Ed.D.
(*Neuromedical-surgical Units*)

Anne M. Sheetz, R.N.
(*Burnham*)
Frances A. Gardella, R.N.
(*Bulfinch*)
Mary E. Quinlan, R.N.
(*Vincent-White*)
Sister Kateri, R.N.
(*Intensive Care Units*)

Cheryl B. Stetler, R.N., Ph.D.
(*Staff Education*)

SCHOOL OF NURSING

Director
Natalie Petzold, R.N.

DIRECTORS OF DEPARTMENTS

Accounting:
Harold L. Emrich
(Comptroller)

Admitting Services:
Maryanne Spicer

Building Service:
Daniel E. Tanguy

Clinical Administration:
John C. Cronin
Dietary (Department and
Dietetic Internship):
Louise Hatch

Maintenance and Engineering:
William J. Clemons

Materials Distribution:
Michael J. Abruzzese

Medical Records:
Joyce E. Gormley

Personnel:
Douglas Geister

Pharmacy:
John W. Webb

Purchasing:
Thomas W. Kelly

Security:
Thomas F. Sullivan

Social Service:
Eleanor Clark

Volunteer:
Maeve Blackman

UNIT DIRECTORS

Dispatch	Harvey L. Simons
Information Desks	Irving Baron
Manufacturing and Inventories	James Willis
Medical Art	Edith Tagrin
Orthopaedic Workshop	John Snowden
Print Shop and Copy Center	Ralph H. Cluff, Jr.
Receiving and Distribution	Paul Kayne
Telecommunications	Evelyn Olschewski
Treadwell Library	Jacqueline Bastille
Transportation Services	Jason Savage

MEDICAL DIVISION

GENERAL MEDICINE

Chief of Medical Services
Alexander Leaf, M.D.

Honorary Physicians

F. Dennette Adams, M.D.
K. Frank Austen, M.D.
Theodore L. Badger, M.D.
Arlie V. Bock, M.D.
Richard J. Clark, M.D.
M. Henry Clifford, M.D.
Briant L. Decker, M.D.
Dana L. Farnsworth, M.D.
Maurice Fremont-Smith, M.D.
John R. Graham, M.D.
Harriet L. Hardy, M.D.
John H. Knowles, M.D.
David Littman, M.D.
Robert S. Palmer, M.D.
Helen S. Pittman, M.D.
Mitchell T. Rabkin, M.D.
Marian W. Ropes, M.D.
John B. Stanbury, M.D.
James H. Townsend, M.D.
Arthur L. Watkins, M.D.
Louis Weinstein, M.D.

Senior Physicians

Myles P. Baker, M.D.
Edward F. Bland, M.D.
Earle M. Chapman, M.D.
Bernard M. Jacobson, M.D.
Alfred Kranes, M.D.
Jacob Lerman, M.D.
Francis C. Lowell, M.D.
Charles L. Short, M.D.
Conger Williams, M.D.

Physicians

George P. Baker, Jr., M.D.
William H. Baker, M.D.
Kurt J. Bloch, M.D.
Roman W. DeSanctis, M.D.
Daniel S. Ellis, M.D.
Daniel D. Federman, M.D.
Anne P. Forbes, M.D.
Gerald S. Foster, M.D.
Allan L. Friedlich, M.D.
Stephen E. Goldfinger, M.D.
Edgar Haber, M.D.
Kurt J. Isselbacher, M.D.
Homayoun Kazemi, M.D.
Rita M. Kelley, M.D.
Stephen M. Krane, M.D.
Farahe Maloof, M.D.
Donald B. Martin, M.D.
Edwin P. Maynard, III, M.D.
John A. Mills, M.D.
Gordon S. Myers, M.D.
John T. Potts, Jr., M.D.
Charles A. Sanders, M.D.
John D. Stoeckle, M.D.
Morton N. Swartz, M.D.
Arnold N. Weinberg, M.D.
Edwin O. Wheeler, M.D.
Peter M. Yurchak, M.D.
Paul C. Zamecnik, M.D.

Associate Physicians

Alan C. Aisenberg, M.D.
Bernard R. Aserkoff, M.D.
G. Octo Barnett, M.D.
William S. Beck, M.D.
Kenneth T. Bird, M.D.
Paul H. Black, M.D.
Peter C. Block, M.D.
Robert W. Carey, M.D.
Cecil H. Coggins, M.D.
Perry J. Culver, M.D.
James J. Dineen, M.D.
Leonard L. Ellman, M.D.
William Franklin, M.D.
Anne F. Godley, M.D.
Jerome H. Grossman, M.D.
George A. Jacoby, M.D.
Adolph W. Karchmer, M.D.
Sheldon D. Kaufman, M.D.
Bernard Kliman, M.D.
Janet W. McArthur, M.D.
Robert C. Moellering, Jr., M.D.
Robert M. Neer, M.D.
Arthur S. Pier, Jr., M.D.
William J. Powell, M.D.
Dwight R. Robinson, M.D.
Nina E. Rubin, M.D.
Walter T. St. Goar, M.D.
Guillermo C. Sanchez, M.D.
Allan I. Sandler, M.D.
Robert H. Schapiro, M.D.

J. Warren Harthorne, M.D.
Cyrus C. Hopkins, M.D.
Adolph M. Hutter, Jr., M.D.
Newton E. Hyslop, M.D.
W. Davies Sohier, Jr., M.D.
Thomas P. Stossel, M.D.
Roger, H. Sweet, M.D.
Milton M. Weiser, M.D.

Assistant Physicians

M. Elliott Alpert, M.D.
Joseph Avruch, M.D.
Ann S. Baker, M.D.
Victor G. Balboni, M.D.
John C. Dalton, M.D.
Gilbert H. Daniels, M.D.
Richard W. Erbe, M.D.
Joseph W. Gardella, M.D.
Herman K. Gold, M.D.
Allan Goldblatt, M.D.
Joel Habener, M.D.
Charles A. Hales, M.D.
Martin S. Hirsch, M.D.
John W. Irwin, M.D.
H. Walter Jones, Jr., M.D.
John W. Keller, M.D.
Robert C. Leinbach, M.D.
Barry W. Levine, M.D.
Norman S. Lichtenstein, M.D.
William F. McNeely, M.D.
Lawrence M. Miller, M.D.
John T. Quinby, M.D.
Eli C. Ridgway, III, M.D.
Robert H. Rubin, M.D.
Gino V. Segre, M.D.
Harvey B. Simon, M.D.
John H. Sisson, M.D.
William E. Strole, Jr., M.D.
Charles H. Weingarten, M.D.
Martin J. Wohl, M.D.

Assistants in Medicine

Dennis A. Ausiello, M.D.
Lloyd Axelrod, M.D.
David J. Becker, M.D.
George L. Cohen, M.D.
William F. Crowley, Jr., M.D.
Zareh N. Demirjian, M.D.
Mark R. Goldman, M.D.
Allan H. Goroll, M.D.
David J. Greenblatt, M.D.
Peter L. Gross, M.D.
Timothy E. Guiney, M.D.
Stephen W. Havas, M.D.
Robert A. Johnson, M.D.
David J. Kanarek, M.D.
Lewis W. Kane, M.D.
Robert S. Lees, M.D.
Robert K. Leet, M.D.
Steven R. Levisohn, M.D.
Richard Liberthson, M.D.
John L. Ohman, M.D.
Lanta C. Oliver, M.D.
Terrence A. O'Malley, M.D.
Maurice M. Pechet, M.D.
Richard G. Pingree, M.D.
Gerald M. Pohost, M.D.
Edwin L. Prien, Jr., M.D.
Richard N. Re, M.D.
Michael A. Rie, M.D.
Jeremy N. Ruskin, M.D.
Eve E. Slater, M.D.
Nancy L. Sprince, M.D.
George E. Thibault, M.D.
Paul A. Vignola, M.D.
Jack R. Wands, M.D.
Lee A. Witters, M.D.
Lawrence E. Wood, M.D.

Clinical Associates in Medicine

Doris E. Barber, M.D.
Donnell W. Boardman, M.D.
Caesar Briefer, Jr., M.D.
Elliott L. Cohen, M.D.
Herbert L. Cooper, M.D.
Anthony M. DeMarco, M.D.
Gerald J. Doyle, M.D.
Robert A. Dye, M.D.
Peter A. Engel, M.D.
Jack E. Farnham, M.D.
Richard A. Field, M.D.
Martin Gelman, M.D.
Maury A. Goldman, M.D.
Hamilton Hayes, M.D.
Edward P. Hoffer, M.D.
John Homans, Jr., M.D.
Allan Kliman, M.D.
Michael Lawrence, M.D.
Robert S. Lawrence, M.D.
Manuel J. Lipson, M.D.
Joseph A. Martino, M.D.
James C. McFarland, M.D.
Gordon T. Moore, M.D.
Robert K. Osborne, M.D.
William N. Pachas, M.D.
Edward T. Parsons, M.D.
Sholem Postel, M.D.
Stanley J. Reiser, M.D.
Edward S. Rendall, M.D.
Neil S. Shore, M.D.
Oscar E. Starobin, M.D.
Denise J. Strieder, M.D.

G. Timothy Johnson, M.D.
Robert E. Kahn, M.D.
Charles S. Keevil, M.D.
Isaac M. Taylor, M.D.
Richard J. Wurtman, M.D.
Leonard M. Zir, M.D.

Clinical Assistants in Medicine

Richard E. Belsey, M.D.
John A. Billings, M.D.
Edward R. Feller, M.D.
Norberto S. Frega, M.D.
Richard L. Goldstein, M.D.
Loren G. Lipson, M.D.
Jane E. Mahaffey, M.D.
Michael Rosenblatt, M.D.
David M. Slovik, M.D.
Daniel E. Souder, M.D.
Sigmund A. Weitzman, M.D.

Physical Chemist

D. Michael Young, M.D.

Biologists

Jerome Gross, M.D.
Jesse F. Scott, M.D.

Associate Biologists

Romaine R. Bruns, Ph.D.
Nancy L.R. Bucher, M.D.
Donald R. DiBona, Ph.D.
Geoffrey W.G. Sharp, Ph.D.

Assistant Biologist

John W. Mills, Ph.D.

Assistants in Biology

Maureen T. Gammon, M.S.
Thomas F. Linsenmayer, Ph.D.

Biochemist

Roger W. Jeanloz, Ph.D.

Visiting Biochemists

Carl F. Cori, M.D.
John H. Highberger, Ph.D.
Herman M. Kalckar, M.D., Ph.D.

Associate Biochemists

John F. Codington, Ph.D.
Mary L. Stephenson, Ph.D.
Bryan P. Toole, Ph.D.

Assistant Biochemists

Chitra Biswas, Ph.D.
James A. Burton, Ph.D.
Rebecca C. Garland, Ph.D.
Annette A. Herscovics, Ph.D.
Meredith M. Hunter, Ph.D.
Henry Keutman, M.D.
Eliezer Rapaport, Ph.D.
Christopher D. Warren, Ph.D.

Assistants in Biochemistry

Edward A. Carter, D.Sc.
Iih-Nan Chou, Ph.D.
Charles W. Christopher, Ph.D.
Mary B. Clark, Ph.D.
Betty A. Davidson, Ph.D.
Ban-An Khaw, Ph.D.
Gary Matsueda, Ph.D.
Nasir ud-Din, Ph.D.
Joseph T. Neary, Ph.D.
Roslyn B. Orkin, Ph.D.
Evelyne Walker-Nasir, Ph.D.

Assistant Computer Scientist

James W. Poitras, B.S.

Assistants in Computer Science

Jack E. Bowie, Ph.D.
Norma S. Justice, B.A.
Rita D. Zielstorff, R.N.

Associate Bacteriologist
Joan C. Kaplan, Ph.D.

Assistants in Microbiology
Tamara Rakusanova, Ph.D.
Charles R. Rinaldo, Jr., Ph.D.

Consultants in Medicine
Clarence F. Dewey, Jr., Ph.D.
Lewis L. Engel, Ph.D.
Benjamin G. Ferris, M.D.
Duncan Neuhauser, Ph.D.
Hugh D. Niall, M.D.
Lot B. Page, M.D.
John A. Parsons, B.M., B.Ch.
Robert G.G. Russell, M.D.
D. Rao Sanadi, Ph.D.
Thomas W. Smith, M.D.

Consultant in Clinical Pharmacology
Richard I. Shader, M.D.

Consultant in Preventive Medicine
John E. Gordon, M.D.
David J. Rutstein, M.D.

Consultant in Occupational Medicine
George F. Wilkins, M.D.

Consultant in Sociology
Margaret C. Olendzki, Ph.D.

Consultant Sociologists
John B. McKinlay, Ph.D.
Irving K. Zola, Ph.D.

Consultant in Telemedicine
Robert S. Green, B.A.

Consultant in Health Education at Bunker Hill Health Center
Kathleen M. Elcox, M.Ed.

DERMATOLOGY

Chief of Service
Thomas B. Fitzpatrick, M.D.

Honorary Dermatologists
John Adams, Jr., M.D.
Earl A. Glicklich, M.D.
Walter F. Lever, M.D.
Robert F. Tilley, M.D.

Senior Dermatologist
Maurice M. Tolman, M.D.

Dermatologist
Howard P. Baden, M.D.

Assistant Dermatologists
Richard Masters, M.D.
Martin C. Mihm, Jr., M.D.
John A. Parrish, M.D.
Arthur J. Sober, M.D.

Assistants in Dermatology
Michael A. Caruso, M.D.
William F. Gallagher, M.D.
Ernesto Gonzalez, M.D.
Richard A. Johnson, M.D.
Merrill Liteplo, M.D.
Burnham E. Lamkins, M.D.
Philip L. McCarthy, M.D.
Warwick L. Morison, M.D.

Clinical Associates in Dermatology

William L. Curwen, M.D.
Nicholas J. Fiumara, M.D.
John L. Fromer, M.D.
Barbara A. Gilchrest, M.D.
Robert D. Griesemer, M.D.
Terry P. Hadley, M.D.
Milton E. Helman, M.D.
William R. Hill, M.D.
Jeltje A.D. Koumans, M.D.
Kathleen T. O'Shea, M.D.
Nicholas A. Soter, M.D.
E. Laurie Tolman, M.D.

Clinical Assistant in Dermatology

Michael A. Greenwald, M.D.

Associate Biochemists

Irvin H. Blank, Ph.D.
Madhukar A. Pathak, Ph.D.

Assistant Biochemists

Henry Huang, Ph.D.
Loretta D. Lee, Ph.D.

Assistant in Biochemistry

Joseph Kubilus, Ph.D.

Associate Biologist

George Szabo, Ph.D.

Assistant in Biostatistics

Robert A. Lew, Ph.D.

Consultants in Dermatology

Kenneth A. Arndt, M.D.
Harley A. Haynes, M.D.

NEUROLOGY

Chief of Service

Raymond D. Adams, M.D.

Honorary Neurologists

G. Colket Caner, M.D.
Edwin M. Cole, M.D.
Charles S. Kubik, M.D.
Harry C. Solomon, M.D.

Senior Neurologists

Mandel E. Cohen, M.D.

Neurologists

C. Miller Fisher, M.D.
Vincent P. Perlo, M.D.
E.P. Richardson, Jr., M.D.

Associate Neurologists

G. Robert DeLong, M.D.
Edwin H. Kolodny, M.D.
James R. Lehrich, M.D.
Jay P. Mohr, M.D.
Ernest H. Picard, M.D.
David C. Poskanzer, M.D.
Peter B-B. Rosenberger, M.D.
Gerald F. Winkler, M.D.
Shirley H. Wray, M.D., Ch.B.
Robert R. Young, M.D.

Assistant Neurologists

Robert H. Ackerman, M.D.
Margaret L. Bauman, M.D.
Verne S. Caviness, M.D.
Elizabeth C. Dooling, M.D.
Robert E. Flynn, M.D.
Thomas H. Glick, M.D.
David N. Levine, M.D.
Ira T. Lott, M.D.
Eileen M. Ouellette, M.D.
Stephen W. Parker, M.D.
Bhagwan T. Shahani, M.B.B.S.
Vivian E. Shih, M.D.

J. Philip Kistler, M.D.
K.S. Krishnamoorthy, M.D.
Karel van Syckel Toll, M.D.
Alfred D. Weiss, M.D.
Bryan T. Woods, M.D.

Assistants in Neurology

Keith H. Chiappa, M.D.
Albert C. England, M.D.
T. Corwin Fleming, M.D.
Harvey L. Levy, M.D.
Michael S. Pessin, M.D.

Clinical Associates in Neurology

Camille B. Draskoczy, M.D.
Fred H. Hochberg, M.D.
William H. Timberlake, M.D.
Roger S. Williams, M.D.
Edward R. Wolpow, M.D.

Clinical Associate in Psychology (Neurology)

Barbara P. Jones, M.D.

Clinical Assistant in Neurology

Robert A. Levine, M.D.

Neurophysiologists

John S. Barlow, M.D.
Elwood Henneman, M.D.
Nelson Y-S. Kiang, Ph.D.

Honorary Neuropathologist

Paul I. Yakovlev, M.D.

Associate Neuropathologist

Karl Erik Astrom, M.D.

Assistant in Neuropathology

Edward A. Arees, Ph.D.

Biochemists

John Gergely, M.D.
Robert H. McCluer, Ph.D.
Pierre J. Stoffyn, Ph.D.

Associate Biochemist

Frank A. Sreter, Ph.D.

Assistant Biochemists

Firoze B. Jungalwala, Ph.D.
Anne M. Stoffyn, Ph.D.

Psychologists

Murray A. Sidman, Ph.D.
Paul E. Touchette, Ph.D.

Associate Psychologists

Harry A. Mackay, Ph.D.
Lawrence T. Stoddard, Ph.D.

PSYCHIATRY

Chief of Service

Thomas P. Hackett, M.D.

Honorary Psychiatrist

John A. Abbott, M.D.
Herbert Barry, M.D.
Helene Deutsch, M.D.
Leon Eisenberg, M.D.
Paul M. Howard, M.D.
John C. Nemiah, M.D.
Benson R. Snyder, M.D.
Vernon P. Williams, M.D.

Psychiatrists

Ross J. Baldessarini, M.D.
Raquel E. Cohen, M.D.
Thomas F. Dwyer, M.D.
Gerald L. Klerman, M.D.
Aaron Lazare, M.D.
Chester M. Pierce, M.D.
Jerome L. Weinberger, M.D.
Avery D. Weisman, M.D.

Associate Psychiatrists

Jonathan F. Borus, M.D.
Franklin C. Carter, M.D.
Edwin H. Cassem, M.D.
Bruce Fischberg, M.D.
Philip H. Gates, M.D.
Benjamin F. Gill, M.D.
Frederick G. Guggenheim, M.D.
Howard T. Hermann, M.D.
Helen M. Herzan, M.D.
Richmond Holder, M.D.
Gary Jacobson, M.D.
Alfred J.R. Koumans, M.D.
Bernard Levy, M.D.
Maria Lorenz, M.D.
Michel R. Mandel, M.D.
Walter Mann, M.D.
Edward Messner, M.D.
Maxwell G. Potter, M.D.
John A. Renner, M.D.
Jack O. Rice, M.D.
Samuel Silverman, M.D.
Danuta Stachiewicz, M.D.
Lionelle D. Wells, M.D.

Assistant Psychiatrists

William H. Anderson, M.D.
Jerrold G. Bernstein, M.D.
Frances J. Bonner, M.D.
Matthew P. Dumont, M.D.
Alan M. Jacobson, M.D.
Brian S. Joseph, M.D.
Herbert Levine, M.D.
Edward A. Mason, M.D.
Milton Mazer, M.D.
Steven L. Nickman, M.D.
George W. Rever, M.D.
Joseph E. Schwartz, M.D.

Assistants in Psychiatry

Robert S. Abernethy, M.D.
Charles W. Carl, M.D.
Herbert S. Cline, M.D.
Franklin C. Curren, M.D.
Alan J. Gelenberg, M.D.
Sidney Green, M.D.
Robert H. Hicks, M.D.
Ronald O. Hurston, M.D.
Ira Lable, M.D.
Theo C. Manschreck, M.D.
William McCourt, M.D.
Robert Mignone, M.D.
Ronald V. Norris, M.D.
Patrick O'Brien, M.D.
Malcolm Rosenblatt, M.D.
Joel Rubinstein, M.D.
Lloyd I. Sederer, M.D.
David V. Sheehan, M.D.
Owen S. Surman, M.D.
Calixto Valle, M.D.
Charles Welch, M.D.

Clinical Associates in Psychiatry

Henry D. Abraham, M.D.
Harold Abramowitz, M.D.
Max Day, M.D.
Joyce A. Easter, M.D.
Amir M. Farhadi, M.D.
Robert W. Ferrell, Jr., M.D.
Rochelle R. Friedman, M.D.
Bernard M. Gerber, M.D.
Jeffrey M. Gilbert, M.D.
Melvyn L. Grossman, M.D.
Howard M. Greilsheimer, M.D.
Rowen M. Hochstedler, M.D.
Neil R. Johnson, M.D.
Anastasia Kucharski, M.D.
John Lamont, M.D.
Joseph Lipinski, M.D.
Richard G. Morrill, M.D.
Charles S. Mullin, M.D.
Michael Murphy, M.D.
Carlos Neu, M.D.
Kenneth Nobel, M.D.
Frank J. Paolitto, M.D.
W. Kenner Rawdon, M.D.
Laurence Salvesen, M.D.
Robert W. Schlauch, M.D.
Kenneth M. Settel, M.D.
Robert W. Shapiro, M.D.
John C. Shershow, M.D.
Jeffrey L. Simmons, M.D.
Lois S. Slovik, M.D.
Harold D. Stalvey, M.D.
Thomas Stewart, M.D.

Ralph A. Luce, M.D.
Michael H. Malamud, M.D.
Martin Merowitz, M.D.
Alexander Miller, M.D.
John F. Morrall, M.D.
Frederic J. Stoddard, M.D.
Philip Sullivan, M.D.
Evelyn Waitzkin, M.D.
Leonard R. Weiner, M.D.
Barry Zitin, M.D.

Clinical Assistants in Psychiatry

Arthur J. Barsky, III, M.D.
Robert P. Cabaj, M.D.
Joel E. Dimsdale, M.D.
James E. Groves, M.D.
Stuart M. Kameny, M.D.
Edward K. Katz, M.D.
Martin B. Keller, M.D.
Nicholas Kouretas, M.D.
John C. Kuehnle, M.D.
Gerald Lazar, M.D.
Mark G.F. McCormick, M.D.
George B. Murray, M.D.
Jerrold F. Rosenbaum, M.D.
Linda C. Shafer, M.D.
Abby L. Wasserman, M.D.

Psychologists

Richard R. Peebles, Ph.D.
Gene M. Smith, Ph.D.

Associate Psychologists

Sherry B. Autor, Ph.D.
Barbara J. Burns, Ph.D.
Sherman Eisenthal, Ph.D.
Warren E. Foote, Ph.D.
Clara Mayo, Ph.D.
Alvin Simmons, Ph.D.
J. William Worden, Ph.D.

Assistant Psychologists

Gerald L. Borofsky, Ph.D.
David S. Chedekel, Ed.D.
Ward J. Cromer, Ph.D.
James L. Fozard, Ph.D.
Joel Friedman, Ph.D.
Eleanor Z. Hanna, Ph.D.
William E. Minichiello, Ed.D.
James J. Muller, Ph.D.
Norman A. Neiberg, Ph.D.

Assistants in Psychology

Marguerite E. Murray, Ph.D.
Joseph P. Paretti, Ph.D.
Linda Wasserman, Ph.D.

Clinical Associate in Psychology

Leonard W. Poon, Ph.D.

Clinical Assistants in Psychology

Anne W. Alonso, M.Ed.
Richard M. Borofsky, Ed. D.
Lewis B. Klebanoff, Ph.D.
Thomas P. Panowicz, M.Ed.
J. Scott Rutan, Ph.D.
Bennett S. Slotnick, Ph.D.

Assistant Sociologist

Mark G. Field, Ph.D.

Assistant Anthropologist

Sherwin J. Feinhandler, Ph.D.

Psychologist

Seymour S. Kety, M.D.

Clinical Associate in Neurochemistry (Psychiatry)

Charles A. Marotta, M.D.

Assistant in Mathematics

Stephen Lorch, B.S.

Consultant in Psychiatry

Wilfred Bloomberg, M.D.
Gerald Caplan, M.D.
Lucille P. Carter, M.D.
John G. Clark, M.D.
Robert Cserr, M.D.
Gerald E. Davidson, M.D.
Carola Eisenberg, M.D.
Freddy Frankel, M.B., Ch.B.
Michael Nelson, M.D.
Arthur N. Papas, M.D.
Daniel P. Schwartz, M.D.
William Shelton, M.D.
Peter E. Sifneos, M.D.
Earl Solomon, M.D.
Alfred H. Stanton, M.D.
Alan A. Stone, M.D.
Lee H. Willer, M.D.

Consultant in Psychology

Edward Blacker, Ph.D.
Perry London, Ph.D.
Brendan A. Maher, Ph.D.

Consultant in Forensic Psychiatry

Neil Chayet, LL.B.

CHILDREN'S SERVICE (BURNHAM DIVISION FOR CHILDREN)

Chief of Service
Donald N. Medearis, Jr., M.D.

Consulting Visiting Staff
Nathan B. Talbot, M.D.

Honorary Pediatricians
Allan M. Butler, M.D.
John A.V. Davies, M.D.

Senior Pediatricians
Leo B. Burgin, M.D.
Robert N. Ganz, M.D.
Ralph A. Ross, M.D.

Pediatricians
John D. Crawford, M.D.
Allan Goldblatt, M.D.
Andrew D. Guthrie, Jr., M.D.
M. Edward Keenan, M.D.
Thomas C. Peebles, M.D.
Philip J. Porter, M.D.
John C. Robinson, M.D.
Daniel C. Shannon, M.D.
John T. Truman, M.D.

Associate Pediatricians
Ronald R. Benz, M.D.
Hans H. Bode, M.D.
William D. Cochran, M.D.
G. Robert DeLong, M.D.
Edward C. Dyer, M.D.
Leroy L. Eldredge, M.D.
Richard W. Erbe, M.D.
Lawrence J. Essember, M.D.
John T. Herrin, M.B.B.S.
Lewis B. Holmes, M.D.
Jerome O. Klein, M.D.
Rudolph L. Leibel, M.D.
John S. Robey, M.D.
Peter B-B. Rosenberger, M.D.
Robert T. Sceery, M.D.
Rudolf Toch, M.D.
I. David Todres, M.B., Ch.B.
W. Allan Walker, M.D.

Assistant Pediatricians
Alia Y. Antoon, M.B., B.Ch.
Inese Z. Beitins, M.D.
Catherine H. Beyer, M.D.
Patsy B. Cipolloni, M.D.
Carla B. Cohen, M.D.
Nathan H. Fearer, M.D.
Arnold D. Fiascone, M.D.
Herbert A. Haessler, M.D.
Gerald W. Hazard, M.D.
John B. Joseph M.D.
Daniel E. Keim, M.D.
Josephine G. Kety, M.D.
K.S. Krishnamoorthy, M.D.
Allen Lapey, M.D.
Yhu-Hsiung Lee, M.D.
Richard Liberthson, M.D.
Ira T. Lott, M.D.
Aubrey Milunsky, M.B., B.Ch.
Eileen M. Ouellette, M.D.
Stephen L. Reynolds, M.D.
Jordan S. Ruboy, M.D.
William R. VanArsdell, M.D.

Assistants in Pediatrics
Joan W. Barkin, M.D.
Margaret L. Bauman, M.D.
Herbert Boerstling, M.D.
Lucienne A. Cahen, M.D.
John P. Cloherty, M.D.
Saul H. Cohen, M.D.
Robert K. Crone, M.D.
Susan A. DeMuth, M.D.
Martin T. Fosburg, M.D.
George A. Glines, M.D.
Michael L. Goldfein, M.D.
Melvyn B. Levine, M.D.
Herbert O. Mathewson, M.D.
Richard K. Mathis, M.D.
David C. Osler, M.D.
Susan P. Pauker, M.D.
Leonard H. Plotkin, M.D.
Sarah J. Richards, M.D.
Bruce M. Rosenberg, M.D.
Murray K. Rosenthal, M.D.
Mary D. Scott, M.D.
Eugene R. Tompkins, M.D.

Daniel G. Heller, M.D.
Dorothy A. Kelly, M.D.
David S. Walton, M.D.
Robert G. Zwerdling, M.D.

Clinical Associates in Pediatrics

William J. Adelson, M.D.
Elroy E. Anderson, M.D.
Donald J. Annino, M.D.
Doris R. Bennett, M.D.
Frederick B. Berrien, M.D.
T. Berry Brazelton, M.D.
James J.A. Cavanaugh, M.D.
John M. Cohen, M.D.
William A. Dickson, M.D.
Robert A. Driscoll, M.D.
John A. Duggan, M.D.
Michael F. Epstein, M.D.
Geraldine G. Feldman, M.D.
Joseph W. Fowler, M.D.
Thomas Frank, M.D.
Theodore S. Golden, M.D.
Mark A. Goldstein, M.D.
Mary C. Howell, M.D., Ph.D.
Robert M. Kline, M.D.
Gretchen Kronenberg, M.D.
Martin E. Leber, M.D.
Sherwood B. Lee, M.D.
Katherine A. Leland, M.D.
Alexander S. MacDonald, M.D.
David L. Maltz, M.D.
Geraldine H. McCormack, M.D.
Edward F. McGrath, M.D.
Janice E. Milligan, M.D.
Veronica S. Petersen, M.D.
William Pfeffer, Jr., M.D.
Walter Pick, M.D.
Edward F. Rabe, M.D.
Daniel R. Rectanus, M.D.
Robert H. Rickie, Jr., M.D.
Michael J. Robinson, M.D.
Heike Rolle-Daya, M.B., B.Ch.
Edward C. Saef, M.D.
William A.H. Sammons, M.D.
Albert L. Sheffer, M.D.
David R. Sigelman, M.D.
Myron Siner, M.D.
Wilhelmina VanDyke, M.D.
Alexander M. Walker, M.D.
Thomas J. Whitfield, M.D.
Robert F. Wilson, M.D.
Melinda K. Zitin, M.D.
Pamela A. Zuckerman, M.D.

Clinical Assistants in Pediatrics

Frederick Z. Bierman, M.D.
Mary Etta King, M.D.
David A. Link, M.D.
Elizabeth W. Ridgway, M.D.

Assistant Biochemist

June R. Aprille, Ph.D.

Assistant Geneticist

Lee B. Jacoby, Ph.D.

Assistant in Genetics

Robert M. Hoffman, Ph.D.

Consultant in Pediatrics

William Berenberg, M.D.
Alexander S. Nadas, M.D.
Boris Senior, M.D.

Consultant in Psychology

Jerome Kagan, Ph.D.

Consultant in Chemical Engineering

Edward W. Merrill, D.Sc.

Associates from Other Services and Departments

Anesthesia:
Richard J. Kitz, M.D.
John Ryan, M.D.
Letty Liu, M.D.
Nishan Goudsouzian, M.D.
Stanislaw Szyfelbein, M.D.

Cardiac Surgery:	Mortimer J. Buckley, M.D. Willard Daggett, M.D.
Dermatology:	Thomas B. Fitzpatrick, M.D. Richard Masters, M.D.
Gynecologic Medicine:	Janet McArthur, M.D.
Gynecologic Surgery:	James H. Nelson, Jr., M.D. John Grover, M.D. Ann Barnes, M.D.
Infectious Disease:	Morton W. Swartz, M.D.
Neurology:	Raymond Adams, M.D.
Neurosurgery:	Nicholas T. Zervas, M.D. Paul Chapman, M.D.
Organ Transplantation:	Paul S. Russell, M.D. Ronald Malt, M.D. Benedict Cosimi, M.D.
Orthopedic Surgery:	Michael Ehrlich, M.D. Richard Smith, M.D.
Pathology:	Ann Dvorak, M.D. Richard VanPraagh, M.D. David Gang, M.D.
Pediatric General Surgery:	W. Hardy Hendren, M.D. Samuel H. Kim, M.D. Patricia K. Donohoe, M.D.
Plastic Surgergy:	John Remensnyder, M.D. John Constable, M.D.
Psychiatry:	Harold Abramowitz, M.D. Richmond Holder, M.D. Bellendon Hutcheson, M.D. Stuart Kameny, M.D. Richard Peebles, M.D. Jack Rice, M.D.
Radiology:	Spencer Borden, M.D.
Urological Surgery:	George R. Prout, Jr., M.D. W. Hardy Hendren, M.D. Samuel H. Kim, M.D.

SURGICAL DIVISION

GENERAL SURGERY

Chief of the Surgical Services
W. Gerald Austen, M.D.

Honorary Surgeons
Robert R. Linton, M.D.
Leland S. McKittrick, M.D.

Senior Surgeons
Marshall K. Bartlett, M.D.
Bradford Cannon, M.D.
Oliver Cope, M.D.
Gordon A. Donaldson, M.D.
Claude E. Welch, M.D.

Visiting Surgeons
Mortimer J. Buckley, M.D.
John F. Burke, M.D.
John D. Constable, M.D.
R. Clement Darling, Jr., M.D.
Thomas H. Green, Jr., M.D.
Hermes C. Grillo, M.D.
W. Hardy Hendren, M.D.
Francis M. Ingersoll, M.D.
Ronald A. Malt, M.D.
George L. Nardi, M.D.
John W. Raker, M.D.
John P. Remensnyder, M.D.
George S. Richardson, M.D.
Grant V. Rodkey, M.D.
Paul S. Russell, M.D.
J. Gordon Scannell, M.D.
Chiu-an Wang, M.D.
Frank C. Wheelock, M.D.
Earle W. Wilkins, Jr., M.D.

Associate Visiting Surgeons
Benjamin A. Barnes, M.D.
Glenn E. Behringer, M.D.
Edwin L. Carter, M.D.
Willard M. Daggett, M.D.
Josef E. Fischer, M.D.
John M. Head, M.D.
Stephen E. Hedberg, M.D.
Charles E. Huggins, M.D.
Samuel H. Kim, M.D.
Ashby C. Moncure, M.D.
Leslie W. Ottinger, M.D.
William C. Quinby, Jr., M.D.
William P. Rogers, Jr., M.D.

Assistant Surgeons
William M. Abbott, M.D.
Conrado C. Bondoc, M.D.
Alfred M. Cohen, M.D.
A. Benedict Cosimi, M.D.
Patricia K. Donahoe, M.D.
A. John Erdmann III, M.D.
Michael B. Lewis, M.D.
Michael N. Margolies, M.D.
Andrew L. Warshaw, M.D.
William C. Wood, M.D.

Assistants in Surgery
Cary W. Akins, M.D.
David C. Brewster, M.D.
Jose R. Gonzales, M.D.
Herbert C. Hoover, M.D.
Frederick H. Levine, M.D.
James W. May, Jr., M.D.

Clinical Associates in Surgery
Nile L. Albright, M.D.
Richard C. Austin, M.D.
Joseph R. Barrie, M.D.
Charles T. Claydon, M.D.
Richard R. Curtin, M.D.
James M. Doonan, M.D.
George F. Emerson, M.D.
Joel J. Feldman, M.D.
Edward L. Ferguson, M.D.
Frank W. Garran, Jr., M.D.
William G. Lavelle, M.D.
Dexter W. Lawson, M.D.
Randolph D. Maloney, M.D.
John B. McKittrick, M.D.
Charles G. Mixter, Jr., M.D.
Charles G. Mixter, III, M.D.
Anthony S. Patton, M.D.
Donald Perlman, M.D.
S. Peter Sarris, M.D.
James M. Shannon, M.D.

Irad B. Hardy, M.D.
Clement A. Hiebert, M.D.
Edward E. Jacobs, Jr., M.D.
Robert E. Sloane, M.D.
Richard H. Thompson, M.D.
Ronald M. Weintraub, M.D.
Masao Yatsuhashi, M.D.

Clinical Assistants in Surgery

Martin J. Bellinger, M.D.
William J. Porell, M.D.

Consultant in Plastic Surgery

Joseph E. Murray, M.D.

Consultants in Surgery

Franklin G. Balch, M.D.
Ernest M. Daland, M.D.
Ward I Gregg, M.D.
Samuel B. Kirkwood, M.D.
Roy E. Mabrey, M.D.
William V. McDermott, Jr., M.D.
Francis D. Moore, M.D.
John L. Newell, M.D.
Landgon Parsons, M.D.
John Rock, M.D.
Horatio Rogers, M.D.
Edwin W. Salzman, M.D.
Fiorindo A. Simeone, M.D.
Reginald H. Smithwick, M.D.
Lamar Soutter, M.D.
George S. Speare, M.D.
John W. Spellman, M.D.
Augustus Thorndike, M.D.
Richard Warren, M.D.

Immunologist

Henry J. Winn, Ph.D.

Assistant Immunologist

Thomas C. Fuller, Ph.D.

Assistants in Immunology

Janet Plate, Ph.D.
Donald M. Silver, Ph.D.

Associate Biochemists

Ajit Kumar, Ph.D.
David A. Swann, Ph.D.

Assistant Biochemists

Hari G. Garg, Ph.D.
David Irwin, Ph.D.
Andre J. Ouellette, Ph.D.

Assistant in Biochemistry

J. Howard James

Assistant Biologist

Mary J. Koroly, Ph.D.

Assistant Physiologist

Dennis D. O'Keefe, M.D.

Assistants in Physiology

Gillian A. Geffin, M.B., B.S.
Joseph Megerman, Ph.D.
Robert R. Wolte, Ph.D.

Consultant in Physiology

Thomas F. O'Donnell, M.D.

GYNECOLOGY

Chief of Service
James H. Nelson Jr., M.D.

Consulting Visiting Gynecologist
Howard Ulfelder, M.D.

Gynecologists
Thomas H. Green, Jr., M.D.
Janet W. McArthur, M.D.
Francis M. Ingersoll, M.D.
George S. Richardson, M.D.

Associate Gynecologist
John W. Grover, M.D.

Assistant Gynecologists
Ann B. Barnes, M.D.
Inese Z. Beitins, M.D.
Thomas S. Durant, M.D.

Assistants in Gynecology
David S. Chapin, M.D.
Najmosama Nikrui, M.D.
William F. Crowley, M.D.
Olive M. Soriero, M.D.
Rodrigo Urcuyo, M.D.

Clinical Associate in Gynecology
Bartlett H. Stone, M.D.

Clinical Assistants in Gynecology
Francis H. Boudreau, M.D.

Assistants in Biochemistry (Gynecology)
Thomas M. Badger, Ph.D.
David T. MacLaughlin, Ph.D.

Associate Biologist in Gynecology
Leona Zacharias, Ph.D.

Consultants in Gynecology
Ward I. Gregg, M.D.
John Rock, M.D.
John Newell, M.D.
Kenneth J. Ryan, M.D.
Landgon Parsons, M.D.
Judson Smith, M.D.
Benjamin Tenney, M.D.

NEUROSURGERY

Chief of Service
Nicholas T. Zervas, M.D.

Honorary Neurosurgeons
John S. Hodgson, M.D.
James C. White, M.D.

Consulting Visiting Neurosurgeon
William H. Sweet, M.D., D.Sc.

Senior Neurosurgeons
Hannibal Hamlin, M.D.
Jost J. Michelson, M.D.

Visiting Neurosurgeons
H. Thomas Ballantine, Jr., M.D.
Raymond N. Kjellberg, M.D.
Robert G. Ojemann, M.D.

Assistant Visiting Neurosurgeons

Edward P. Baker, Jr., M.D.	Paul I. Kornblith, M.D.
Paul H. Chapman, M.D.	Charles E. Poletti, M.D.
Robert M. Crowell, M.D.	James G. Wepsic, M.D.

Assistant in Neurosurgery
Curtis N. Nelson, M.D.

Clinical Associates in Neurosurgery
Herbert L. Cares, M.D.
Vernon H. Mark, M.D.
Edward C. Tarlov, M.D.

Neurophysiologist in Neurosurgery
Adelbert Ames, III, M.D.

Associate Neurophysiologists in Neurosurgery
Richard H. Masland, Ph.D.
Daniel A. Pollen, M.D.

Assistant in Neurophysiology in Neurosurgery
Edwin G. Fischer, M.D.

Assistant in Chemistry in Neurosurgery
Glyn R. Wellum, Ph.D.

Assistant in Immunology in Neurosurgery
Linda P. Merk, Ph.D.

Assistant in Neuropathology in Neurosurgery
Jonathan Shay, M.D., Ph.D.

Consultant in Psychology
Suzanne H. Corkin, Ph.D.

ORAL SURGERY

Chief of Service
Walter C. Guralnick, D.M.D.

Visiting Oral Surgeons
Morton Olin, D.M.D.
Earle H. Rosenberg, D.M.D.
J. Henry Stempien, D.M.D.

Associate Visiting Oral Surgeons
R. Bruce Donoff, D.M.D., M.D.
Peter G. Kimball, D.M.D.
Robert C. Lincoln, D.M.D.

Assistant Oral Surgeons
Robert E. Evans, D.M.D.
Edward B. Seldin, D.M.D., M.D.

Assistant in Oral Surgery
John P.W. Kelly, D.M.D., M.D.

Clinical Associates in Oral Surgery

Barry Agranat, D.M.D.	Richard Miner, D.D.S.
Myron Allukian, Jr., D.D.S.	Zigmunt Pozatek, D.M.D.
Henry D. Howe, D.M.D.	Leonard B. Shulman, D.M.D.
Daniel J. Holland, Jr., D.M.D.	Edward L. Sleeper, D.D.S.
Leonard B. Kaban, D.M.D., M.D.	William H. Tingey, Jr., D.M.D.

Clinical Assistants in Oral Surgery
Gary S. Goldstein, D.M.D.
Sheryl A. Jacobson, D.M.D.
Richard J. Spence, D.M.D.

Consultants in Oral Pathology
Ellen Eisenberg, D.M.D.
Gerald Shklar, D.D.S.

Consultant in Orthodontics
Carla Evans, D.D.S., D.M.Sc.

ORTHOPAEDIC SURGERY

Chief of Service
Henry J. Mankin, M.D.

Honorary Orthopaedic Surgeons
Otto E. Aufranc, M.D.
Melvin Glimcher, M.D.
Carroll B. Larson, M.D.
J. Drennan Lowell, M.D.
Paul Norton, M.D.
Clement Sledge, M.D.

Senior Orthopaedic Surgeons
Carter R. Rowe, M.D.

Visiting Orthopaedic Surgeons
Thornton Brown, M.D.
Crawford J. Campbell, M.D.
William H. Harris, M.D.
Robert D. Leffert, M.D.
Richard J. Smith, M.D.

Associate Orthopaedic Surgeons
William N. Jones, M.D.
William R. MacAusland, Jr., M.D.
Donald S. Pierce, M.D.
John A. Reidy, M.D.

Assistant Orthopaedic Surgeons
Joseph S. Barr, Jr., M.D.
Robert J. Boyd, M.D.
Hugh P. Chandler, M.D.
Michael G. Ehrlich, M.D.
James I. Huddleston, M.D.
William L. Kermond, M.D.
Edwin T. Wyman, Jr., M.D.

Assistants in Orthopaedics
Robert Averill, M.D.
Robert B. Brendze, M.D.
Stanley L. Grabias, M.D.
Robert W. Lipke, M.D.
Dineshkumar Patel, B.S., M.B.
David P. Simmons, M.D.
Thomas Thornhill, M.D.
Bertram Zarins, M.D.

Clinical Associates in Orthopaedic Surgery
Thomas Broderick, M.D.
John H. Chaglassian, M.D.
Subramanyan Jayasankar, M.D.
Harry M.P. Love, M.D.
Philip I. Salib, M.D.
Robert S. Steinberg, M.D.
Ralph C. Sweetland, M.D.
Elliott L. Thrasher, M.D.

Clinical Assistant in Orthopaedic Surgery
Indong Oh, M.D.

Assistants in Biochemistry
Louis Lippiello, Ph.D.
Benjamin V. Treadwell, Ph.D.

Chief Podiatrist
John D. McLean, D.S.C.

Podiatrists

Richard DiMario, D.S.C.
Louis C. LaBella, D.S.C.
Mark E. Lessing, D.P.M.
Edward M. Soloway, D.S.C.
Jordan J. Winer, D.S.C.

Assistant Podiatrists

Edward R. Bloom, D.P.M.
Donald D. Donovan, D.S.C.
Homer J. Squires, D.S.C.

Clinical Assistant to the Orthopaedic Outpatient Department

James S. Hewson, M.D.

Consultants in Engineering Science

Robert W. Mann, Sc.D.
Igor L. Paul, Sc.D.

UROLOGY

Chief of Service

George R. Prout, Jr., M.D.

Honorary Urologists

Richard Chute, M.D.
Sylvester B. Kelley, M.D.

Urologist

Walter S. Kerr, Jr., M.D.

Assistant Urologists

Edward C. Parkhurst, M.D.
Lorande Woodruff, M.D.

Assistants in Urology

Alex F. Althausen, M.D.
Stephen P. Dretler, M.D.
Niall M. Heney, M.D.
Michael E. Mithcell, M.D. to
*Barry N. Nocks, M.D.
Eric J. Sacknoff, M.D.
William L. Strickler, M.D.
Hugh H. Young, II, M.D.

Clinical Associates

John S.F. Daly, M.D.
Vernon M. Pais, M.D.

Assistant Immunologist

Eugene P. Ornellas, Ph.D.

DEPARTMENTS

ANESTHESIA

Chief of Department
Richard J. Kitz, M.D.

Honorary Anesthetist
John Hedley-Whyte, M.D.

Anesthetists

George E. Battit, M.D.
John M. R. Bruner, M.D.
Aaron J. Gissen, M.D.
Phillips Hallowell, M.D.
Myron B. Laver. M.D.
Edward Lowenstein, M.D.
Bucknam McPeek, M.D.
Elliott V. Miller, M.D.
Henning Pontoppidan, M.D.
John F. Ryan, M.D.
Donald P. Todd, M.D.

Associate Anesthetists

Hassan H. Ali, M.B., B.Ch.
John J.L. Bland, M.B., B. Chir.
David J. Cullen, M.D.
Demetrios G. Lappas, M.D.
Alix Mathieu, M.D.
Daniel M. Philbin, M.D.
John J. Savarese, M.D.
Pennathur Sundaram, M.B.B.S.
Stanislaw K. Szyfelbein, M.D.
I. David Todres, M.D., Ch.B.
Sarita G. Walzer, M.D.
Roger S. Wilson, M.D.

Assistant Anesthetists

Lambertus J. Drop, M.D.
Nabil R. Fahmy, M.B., B.Ch.
Nishan G. Goudsouzian, M.B., B.Ch.
Miroslawa T. Jasinska, M.D.
Laurence J. Krenis, M.D.
William B. Latta, M.D.
Letty Liu, M.D.
Philip Liu, M.D.
Michael C. Long, M.D.
Annetta L. Murphy, M.D.
Daniel L. Nozik, D.D.S.
Michael A. Rie, M.D.
James T. Roberts, M.D.
Robert C. Schneider, M.D.
Michael T. Snider, M.D., Ph.D.
Warren M. Zapol, M.D.

Assistants in Anesthesia

Robert P. Antonio, M.D.
Frederic M. deBros, M.D.
Robert K. Crone, M.D.
J. Kenneth Davison, M.D.
Daniel F. Dedrick, M.D.
Clifton, W. Emerson, M.D.
Philip W. Lebowitz, M.D.
Joseph A. Jeevendra Martyn, M.B.B.S.
Jonathan Moss, M.D., Ph.D.
Frederick M. Ramsey, M.D.
John K. Stene, M.D., Ph.D.
Richard S. Teplick, M.D.

Clinical Associates in Anesthesia

Rafik Rizk Attia, M.B., B.Ch.
Banjamin G. Covino, M.D.
Bennie Geffin, M.B., B.Ch.
Robert F. Littlehale, M.D.
W. Reynolds Maier, M.D.
Peter R. Silverstein, M.D.
Eliot M. Slater, M.D.

Psychologist
Gene M. Smith, Ph.D.

Associate Biomedical Engineers
Jeffrey B. Cooper, Ph.D.
Ronald S. Newbower, Ph.D.

Associate Pharmacologist
Keith W. Miller, D.Phil.

Assistant Biochemist
Janet C. Miller, D.Phil.

Assistant Chemical Engineer
Clark K. Colton, Ph.D.

Assistant Biostatistician
John P. Gilbert, Ph.D.

Consultant in Pharmacology
Klaus W. Korten, M.D.

Consultant in Electrical Engineering
James H. Philip, M.D.

PATHOLOGY

Chief of Department
Robert T. McCluskey, M.D.

Honorary Pathologist
Benjamin Castleman, M.D.

Pathologists
Harold F. Dvorak, M.D.
Robert E. Scully, M.D.
Edgar B. Taft, M.D.
Austin L. Vickery, M.D.

Associate Pathologists
Leonard Atkins, M.D.
G. Richard Dickersin, M.D.
Ann M. Dvorak, M.D.
James J. Galdabini, M.D.
Max L. Goodman, M.D.
Avis Jane Lingeman, M.D.
Kilmer S. McCully, M.D.
Martin C. Mihm, Jr., M.D.
Stanley J. Robboy, M.D.
Priscilla Dienes Taft, M.D.

Assistant Pathologists
Atul K. Bhan, M.D.
Robert B. Colvin, M.D.
Eugene J. Mark, M.D.
Alan L. Schiller, M.D.
Wanda M. Szyfelbein, M.D.
Robert L. Trelstad, M.D.

Assistants in Pathology
David L. Gang, M.D.
John C. Long, M.D.
Ben Z. Pilch, M.D.
Jaime Prat, M.D.
Karl H. Proppe, M.D.
William R. Welch, M.D.

Clinical Associates in Pathology
Sheldon Cooperman, M.D.
James J. Daly, M.D.
Charles G. Huizenga, M.D.
Joel Umlas, M.D.

Neuropathologists
Raymond D. Adams, M.D.
Edward P. Richardson, M.D.

Associate Neuropathologists
Karl Eric Astrom, M.D.
C. Miller Fisher, M.D.

Assistant Biochemists
H. Paul Ehrlich, Ph.D.
Neil S. Orenstein, Ph.D.

Consultants in Pathology
Richard B. Cohen, M.D.
Robert Fienberg, M.D.
Morris J. Karnovsky, M.B., B.Ch.
Walter G.J. Putschar, M.D.
Richard Van Praagh, M.D.

RADIATION MEDICINE

Chief of Department
Herman D. Suit, M.D., D.Phil.

Consulting Visiting Radiation Therapist
Milford D. Schulz, M.D.

Radiation Therapist
Chiu-chen Wang, M.D.

Assistant Radiation Therapists

Chan H. Choi, M.D.
Ann Maria Chu, M.D.
Leonard L. Gunderson, M.D.
Rita M. Linggood, M.B.B.S.
John E. Munzenrider, M.D.
William U. Shipley, M.D.

Assistant in Radiation Medicine
Oscar A. Mendiondo, M.D.

Radiation Biophysicist
Edward R. Epp, Ph.D.

Associate Radiation Biophysicists
Arthur L. Boyer, Ph.D.
Michael Goitein, Ph.D.

Assistant Radiation Biophysicists
Peter J. Biggs, Ph.D.
Karen Doppke, M.S.
Carl E. Friedberg, Ph.D.
Ching Clifton Ling, Ph.D.
Lynn J. Verhey, Ph.D.

Assistants in Radiation Biophysics
Miriam G. Margrabia, M.S.
Devorah Novack, M.S.

Assistant Radiation Biologist
Muneyasu Urano, M.D., Ph.D.

Assistant Biologist
Robert S. Sedlacek, M.S.

Assistant in Biology
Leo E. Gerweck, Ph.D.

Consultant Biologist
Luka Milas, Ph.D., M.D.

Consultant in Epidemiology
Kenneth J. Rothman, Dr.P.H.

Consultant in Oral Surgery
Edward B. Seldin, D.M.D., M.D.

Clinical Associate in Radiation Medicine
Sidney P. Kadish, M.D.

RADIOLOGY

Chief of Radiology
Juan M. Taveras, M.D.

Senior Radiologist
Laurence L. Robbins, M.D.

Radiologists

Christos A. Athanasoulis, M.D.
Roger A. Bauman, M.D.
Robert E. Dinsmore, M.D.
Jack R. Dreyfuss, M.D.
Joseph T. Ferrucci, Jr., M.D.
Reginald E. Greene, M.D.
Marjorie J. LeMay, M.D.
Paul F.J. New, M.D.
Richard C. Pfister, M.D.
Majic S. Potsaid, M.D.
Glenn H. Roberson, M.D.
Alfred L. Weber, M.D.
Jack Wittenberg, M.D.
Stanley M. Wyman, M.D.

Associate Radiologists

Spencer Borden IV, M.D.
Kenneth R. Davis, M.D.
Rob H. Kirkpatrick, M.D.
Gerald M. Kolodny, M.D.
Henry J. Llewellyn, M.D.
Kenneth A. McKusick, M.D.
Theresa C. McLoud, M.D.
K. Jack Momose, M.D.
Jeffrey H. Newhouse, M.D.
H. William Strauss, M.D.
Arthur C. Waltham, M.D.
Isabel C. Yoder, M.D.

Assistant Radiologists

Robert H. Ackerman, M.D.
Edward B. Black, M.D.
Stephen W. Miller, M.D.
William T. Murray, M.D.
Robert A. Novelline, M.D.
James T. Rhea, M.D.
Myung S. Shin, M.D.
Paul Stark, M.D.

Assistants in Radiology

Robert H. Cleveland, M.D.
Alan J. Greenfield, M.D.
Daniel B. Kopans, M.D.
Peter R. Mueller, M.D.

Clinical Assistants in Radiology

Thomas E. Frede, M.D.
Kathleen M. McCarten, M.D.

Clinical Associates in Radiology

Daniel I. Becker, M.D.
Karl T. Benedict, Jr., M.D.
W. Robert Courey, M.D.
Salvatore A. DeLuca, M.D.
Gail R. Eliot, M.D.
Allan M. Green, M.D.
Joseph Hanelin, M.D.
Murray L. Janower, M.D.
Lester Kalisher, M.D.
Richard E. Land, M.D.
D. Glyn Millard, M.D.
Abbott R. Miller, M.D.
Milton A. Weiner, M.D.
H. Peter Mueller, M.D.
Robert A. Nebesar, M.D.
Hartley S. Neel, M.D.
Richard G. O'Brien, M.D.
William J. Otto, M.D.
James A. Petersen, M.D.
James J. Pollard, M.D.
John T. Pollard, Jr., M.D.
Thomas E. Shea, M.D.
Vincent R. Sites, M.D.
Philip E. Steeves, M.D.
Edward R. Sun, M.D.
Harold P. Weintraub, M.D.

Physicists

Gordon L. Brownell, Ph.D.
Edward W. Webster, Ph.D.

Associate Physicists

Saul Aronow, Ph.D.
Charles A. Burnham, M.S.
David A. Chesler, Sc.D.

Assistant Physicists

Nathaniel M. Alpert, Ph.D.
Frank P. Castrovono, Jr., Ph.D.

Assistants in Physics

John A. Correia, Ph.D.
Linda A. Deveau, M.A.S.
David R. Elmaleh, Ph.D.
Robert H. Krevy, B.S.
Brian W. Murray, Ph.D.

Engineer

Malcolm N. MacKay

Associate Chemist

Donald J. Hnatowich, Ph.D.

Consultants in Radiology

John B. Little, M.D.	Richard Schatzki, M.D.
Lucy F. Squire, M.D.	

Consultants in Nuclear Medicine

William H. Harris, M.D.	Gerald M. Pohost, M.D.

Consultants in Dental Roentgenology

Walter C. Guralnick, D.M.D.	R. Bruce Donoff, D.M.D., M.D.

REHABILITATION MEDICINE

Chief
Robert D. Leffert, M.D.

BLOOD TRANSFUSION SERVICE

Director
Charles E. Huggins, M.D.

BACTERIOLOGY LABORATORIES

Director and Bacteriologist
Lawrence J. Kunz, Ph.D.

Assistant Bacteriologists

Mary Jane F. Benfari, Ph.D.	Theodore F. Medrek, Ph.D.

Consultant in Bacteriology
Robert C. Moellering, Jr., M.D.

CLINICAL CHEMISTRY LABORATORIES

Director
Sidney V. Rieder, Ph.D.

CLINICAL LABORATORIES

Director
William S. Beck, M.D.

HOUSE STAFF

Residents and Interns as of January 1, 1978

MEDICINE

Chief Resident

Randall Zusman, M.D.

Third Year Residents

John Adams, M.D.
Michael Bigby, M.D.
Stephen Calderwood, M.D.
Abdel M. El Nahas, M.D.
John Goodson, M.D.
Ralph Horwitz, M.D.
Norman Letvin, M.D.
Albert Mulley, M.D.
Mark Pasternack, M.D.
Paul Ramsey, M.D.
John Stakes, M.D.
Howard Waitzkin, M.D.

Clinical Fellow—Acting Resident: Eleanor T. Hobbs, M.D.

Second Year Residents

Joseph V. Bonventure, M.D.
Kenneth R. Bridges, M.D.
Calvin L. Day, Jr., M.D.
Mark C. Fishman, M.D.
Peter Ganz, M.D.
Phyllis I. Gardner, M.D.
Laurie H. Glimcher, M.D.
John E. Godine, M.D.
Jerome E. Groopman, M.D.
Raymond J. Gibbons, M.D.
Andrew R. Hoffman, M.D.
Michael F. Holick, M.D.
Michael A. Lovett, M.D.
John V. Mickey, M.D.
Glenn R. Olds, M.D.
Jane R. Parnes, M.D.
James M. Richter, M.D.
Alfred M. Sadler, Jr., M.D.
John W. Smith, M.D.
Simeon I. Taylor, M.D.
John S. Wolfson, M.D.

First Year Residents (Interns)

Perry J. Blackshear, M.D.
Gail L. Bongiovanni, M.D.
John R. Butterly, M.D.
Robert A. Caplan, M.D.
Robert M. Doroghazi, M.D.
Warner C. Greene, M.D.
Richard S. Grossman, M.D.
Charles R. Horsburgh, Jr., M.D.
Richard J. Iseke, M.D.
Richard D. Klausner, M.D.
Judith M. Kramer, M.D.
Peter A. McCroskery, M.D.
Richard A. Miller, M.D.
Barbara J. Nath, M.D.
Stephen N. Oesterle, M.D.
Donald G. Payan, M.D.
Laurie W. Raymond, M.D.
Douglas S. Ross, M.D.
Robert E. Safford, M.D.
Robert T. Steinbock, M.D.
David M. Steinhaus, M.D.
David J. Weber, M.D.

DERMATOLOGY

Chief Resident

Arthur Rhodes, M.D.

Third Year Resident

Norman Shiffman, M.D.

Second Year Residents

Stephen Gellis, M.D.
Theodore H. Kwan, M.D.
Marcia Tonnesen, M.D.

First Year Residents

Robert Adrian, M.D.
William Chapman, M.D.
Martha Joan MacDonald, M.D.
Karen McKoy, M.D.
Leslie Selbovitz, M.D.

NEUROLOGY

Chief Resident
Elizabeth Reid, M.D.

Third Year Residents
Maria Arroyo, M.D.
Carlos S. Kase, M.D.
Howard Kirshner, M.D.
Dennis Landis, M.D.
Jorge Romero, M.D.

Second Year Residents
Samir Atweh, M.D.
Ira Bergman, M.D.
Peter Bernad, M.D.
Laura Ment, M.D.
Amy Pruitt, M.D.
Bradley Truax, M.D.

First Year Residents
Robert Brown, M.D.
Alfred Callahan, M.D.
John Halperin, M.D.
Stephen Hauser, M.D.
Amin Sabra, M.D.
Richard S.K. Young, M.D.
Edwin Zalneraitis, M.D.

PSYCHIATRY

Fifth Year Resident
James Laster, M.D.

Fourth Year Resident
Jack Burke, M.D.

Third Year Residents
Kishanlal Chakrabarti, M.D.
Milton Erman, M.D.
Gregory L. LaVigne, M.D.
Laurence S. Lorefice, Jr., M.D.
Richard E. Minter, M.D.
Jonathan S. Rothman, M.D.
John H. Shale, III, M.D.
Adele G. Wilkeson, M.D.
Eugene O. Uzogara, M.D.
Clinical Fellow—Acting Resident: Charles Krauthammer, M.D.

Second Year Residents
Ellen M. Andrews, M.D.
Marie E. Armentano, M.D.
Laurence E. DuComb, M.D.
Christopher D. Gordon, M.D.
Ann C. Ganczewski, M.D.
Michael S. Jellinek, M.D.
Marc S. Kramer, M.D.
Denise M. Nagel, M.D.
John J. Purcell, M.D.
Lawrence Fl Selter, M.D.
Theodore A. Stern, M.D.
Glenn R. Yank, M.D.

First Year Residents
Eric S. Chivian, M.D.
John H. Feeting, M.D.
Richard H. Gabel, M.D.
Lawrence J. Giustra, Jr., M.D.
Margo P. Goldman, M.D.
Luis R. Gonzalez, M.D.
Linda J. Haines, M.D.
Betty E. Herr, M.D.
Ralph A. Nixon, M.D.
Harvey I. Remmer, M.D.
Stephen H. Romansky, M.D.
Nancy Ann Verdugo

First Year Associate Residents in Psychiatry at Salem Hospital
Robert B. Lydiard, M.D.
Deborah M. Moran, M.D.

First Year Associate Residents in Psychiatry at Waltham Hospital

Jane E. Dreskin, M.D.
Richard K. Kull, M.D.
Carol A. Wool, M.D.

CHILDREN'S SERVICE

Chief Resident

Robert Meyer, M.D.

Third Year Residents

Lawrence D. Cohan, M.D.
Norma B. Lerner, M.D.
Melinda Moore, M.D.
Patricia P. O'Rourke, M.D.
Robert R. Wolff, M.D.
Gordon Worley, M.D.
Joanne K. YonKondy, M.D.

Second Year Residents

Arnold D. Gale, M.D.
Peter T. Greenspan, M.D.
Sandra N. Lehrman, M.D.
Heber C. Neilsen, M.D.
Patricia J. O'Malley, M.D.
William E. Russell, M.D.
Ann L. Sattler, M.D.
Ellen M. Weinstein, M.D.
Mary A. Whelan, M.D.
Edward E. Zalitis, M.D.

First Year Residents (Interns)

Linda A. Bishop, M.D.
Stephen L. Cochi, M.D.
Steven D. Colan, M.D.
Joan Fenno Mansfield, M.D.
Charles L. Ryan, M.D.
Andrew Jeon, M.D.
Lynnae Schwartz, M.D.
Molly R. Schwenn, M.D.
Kathryn N. Shands, M.D.
Donald D. Zukin, M.D.

SURGERY

Chief Residents

Matthias B. Donelan, M.D.
Jose R. Gonzalez, M.D.
Herbert C. Hoover, Jr., M.D.
James K. Kirklin, M.D.
Robert Lowe, M.D.

Fifth Year Residents

William P. Adams, M.D.
Thomas F. Dodson, M.D.
Magruder C. Donaldson, M.D.
Robert D. Gordon, M.D.
Robert A. Guyton, M.D.
Arlen P. Holter, M.D.
Richard B. Lewis, M.D.
Patrick J. O'Hara, M.D.
Francis B. Pease, M.D.
Jon A. Perlman, M.D.
James J. Reilly, M.D.
David M. Shahian, M.D.

Fourth Year Residents

William S. Coleman, M.D.
J. Thomas Goodgame, M.D.
Richard P. Harmel, M.D.
Michel Jean-Baptiste, M.D.
Charles J. McCabe, M.D.
Susan E. Miller, M.D.
Charles Peters, M.D.
Harvey M. Rosen, M.D.

Third Year Residents

G. Gregory Gallico, M.D.
Steven W. Guyton, M.D.
Reid H. Hansen, M.D.
Mark S. Hochberg, M.D.
Richard J. Morgan, M.D.
Christopher J. Morin, M.D.
Edmond J. Raker, M.D.
M. Kathleen Reilly, M.D.
Andrew B. Roberts, M.D.
Russell L. Ryan, M.D.
Paul K. Safer, M.D.
Robert C. Shamberger, M.D.
Gus J. Vlahakes, M.D.

Second Year Residents

Hugh Auchincloss, Jr., M.D.
John C. Baldwin, M.D.
Scott P. Bartlett, M.D.
Robert J. Bates, M.D.
Robert M. Bojar, M.D.
Charles M. Ferguson, M.D.
Nalton F. Ferraro, M.D.
Eric C. Hanson, M.D.
Marshall L. Jacobs, M.D.
Jeffrey L. Kaufman, M.D.
Michael P. LaQuaglia, M.D.
Craig W. Lillehei, M.D.
Raymond S. Martin, M.D.
Bruce A. Perler, M.D.
Ronald G. Tompkins, M.D.
M. Sharon Webb, M.D.

First Year Residents

Barbara Bassil, M.D.
Lawrence F. Borges, M.D.
Richard P. Cambria, M.D.
John L. Crawford, M.D.
Randall D. Gaz, M.D.
Gary S. Haas, M.D.
Mark R. Katlic, M.D.
Ira C. Levine, M.D.
Douglas A. Murphy, M.D.
Paul C. Shellito, M.D.
John M. Siliski, M.D.
James R. Thistlethwaite, Jr., M.D.

GYNECOLOGY

First Year Resident

Jeffrey Podlas, M.D.

NEUROSURGERY

Chief Resident

Curtis N. Nelson, M.D.

Fourth Year Residents

Peter M. Black, M.D.
Michael Lavyne, M.D.
Eugene A. Quindlen, M.D.

Third Year Residents

Steven S. Brem, M.D.
Teodoro F. Dagi, M.D.
Thomas H. Jones, M.D.
Robert Martuza, M.D.
Barry Smith, M.D.

First Year Resident

James Macon, M.D.

ORAL SURGERY

Chief Resident

Jeffrey Stone, D.M.D., M.D.

Third Year Resident

Rocco Addante, D.M.D.

Second Year Residents

Thomas Connolly, D.M.D.
Paul Kuo, D.M.D.

First Year Residents

Robert Chuong, D.M.D.
Andrea Haber-Cohen, D.M.D.

ORTHOPAEDIC SURGERY

Chief Residents

Robert M. Averill, Jr., M.D.
Thomas S. Thornhill, M.D.

Third Year Residents

Peter C. Amadio, M.D.
Stephen Brown, M.D.
Ronald Ellis, M.D.
Douglas O. Halstead, M.D.
Joseph P. Lahey, M.D.
Steven Manalan, M.D.
Victor Tseng, M.D.
Melvin D. Young, M.D.

Second Year Residents

Benjamin Allen, M.D.
Roger H. Emerson, M.D.
Jonathan L. Fox, M.D.
Roger W. Hood, M.D.
Jesse Jupiter, M.D.
Gordon MacLellan, M.D.
George B. McManama, M.D.
Stephen Neely, M.D.
Steven Selden, M.D.

First Year Residents

Tobin Gerhart, M.D.
Hill Hastings, M.D.
David Lovejoy, M.D.
Richard Santore, M.D.
Richard Scheinberg, M.D.
Richard Strain, M.D.
Stephen S. Wender, M.D.
David Zaleske, M.D.

UROLOGY

Chief Resident

Kiran Crooks, M.D.

Third Year Resident

John Heaney, M.D.
Peter Nieh, M.D.

Second Year Resident

Kathleen Hagen-Cook, M.D.

First Year Resident

Pablo Gomery, M.D.
Raymond Pong, M.D.
Boyd Winslow, M.D.

ANESTHESIA

Chief Resident

Glenn P. Gravlee, M.D.

Sixth Year Resident

Frank G. Zavisca, M.D.

Fourth Year Resident

Stephen H. Harkness, M.D.

Third Year Residents

James M. Gayes, M.D.
Anthony George, M.D.
William L. Hazard, M.D.
Sean K. Kennedy, M.D.
Philip E. Lane, M.D.
Constance F. Neely, M.D.
Carl E. Rosow, M.D.
Thomas R. Ver Lee, M.D.

Second Year Residents

Keith Ballentyne, M.B., Ch.B.
Ricki Z. Barnett, M.D.
Kenneth H. Batch, M.D.
Peter C. Delevett, M.D.
Francis D. Harris, M.D.
Charles C. Jeffrey, M.D.
Allen C. Johnson, M.D.
Leopold D. Landry, Jr., M.D.
Betty Jean Muller, M.D.
Gary D. Rechnitz, M.D.
Allan P. Reed, M.D.
Walter C. Sheets, M.D.
Thomas W. Stinson, III, M.D.
Michael M. Todd, M.D.

Richard F. Kaplan, M.D.
William R. Kimball, M.D.
Anastosios N. Triantafillou, M.D.
G. Richard Warfield, III, M.D.

First Year Residents

Salvatore Basta, M.D.
Allen W. Buck, M.D.
Lydia A. Conlay, M.D.
Michael N. D'Ambra, M.D.
Timothy H. DeCook, M.D.
James M. Feld, M.D.
William E. Johnston, M.D.
Mary Kraft, M.D.
Charles E. Laurito, M.D.
David A. Lowe, M.D.
Roger S. Mecca, M.D.
Shigeho Morita, M.D.
Jean Claude Schellenberg, M.D.
Richard C. Tomichek, M.D.
Lewis Van Hoosear, Jr., M.D.
Carol A. Warfield, M.D.
W. David Watkins, M.D.

PATHOLOGY

Chief Resident

George M. Kleinman, M.D.

Fourth Year Residents

Terence J. Harrist, M.D.
Katharine S. Kosinski, M.D.
Joan R. Kumar, M.D.
Robert E. Sandstrom, M.D.

Third Year Residents

Peter R. Boyd, M.D.
Michael F. Briselli, M.D.
Jettie V. Hunt, M.D.
Erika L. Whitmore, M.D.
Robert H. Young, M.D.

Second Year Residents

Helen R. Fraser, M.D.
Antoinette Hood, M.D.
(Dermatopathology)
Austin K. Raymond, M.D.
Nicholas J. Robert, M.D.

First Year Residents

Rita M. Addison, M.D.
Paul S. Blachman, M.D.
(Neuropathology)
F. Curtis Dohan, M.D.
George F. Murphy, M.D.
Jessica A. Ross, M.D.
John Q. Trojanowski, M.D.

First Year Residents (Interns)

Thomas H. Aretz, M.D.
Gilbert L. Brodsky, M.D.
Steven C. Quay, M.D.

RADIATION MEDICINE

Clinical Fellow
(Acting Chief Resident)

Arthur Elman, M.D.

Third Year Residents

Tyvin Rich, M.D.
Anthony Russell, M.D.

First Year Residents

Peter Blitzer, M.D.
Daniel Dosoretz, M.D.

RADIOLOGY

Chief Resident
Deborah A. Hall, M.D.

Fifth Year Resident
Jonathan Kleefield, M.D.

Third Year Residents
Carolyn Dedrick, M.D.
Robert Greenes, M.D.
Lucy Hann, M.D.
William P. Harbin, M.D.
William D. Harley, M.D.
Robert J. Isler, M.D.
Samuel Maxwell, M.D.
James D. McChesney, M.D.
Daniel H. O'Leary, M.D.
Joseph Stock, M.D.
Barry D. Toombs, M.D.

Second Year Residents
Gloria J. Chang, M.D.
Peter H. Gordon, M.D.
Robert Greenstein, M.D.
Courtney Neff, M.D.
Robert Paley, M.D.
Clifford Roemer, M.D.
James A. Scott, M.D.
Eric vanSonnenberg, M.D.
Marvin Konstam, M.D.

First Year Residents
Oksana Baltarowich, M.D.
Beryl L. Benacerraf, M.D.
Jerry W. Froelich, M.D.
Stuart C. Geller, M.D.
David C. Grant, Jr., M.D.
Steven P. Honickman, M.D.
Clifford Lader, M.D.
Rose Anne Metzger, M.D.
Philip Rich, M.D.
Paul D. Sabel, M.D.
Paul Spirn, M.D.

CLINICAL AND/OR RESEARCH FELLOWS

MEDICINE

Thomas R. Allyn, M.D.
William J. Alton, M.D.
Philip C. Amrein, M.D.
Stuart B. Baker, M.D.
Kenneth L. Baughman, M.D.
Carter M. Becker, M.D.
Michael J. Benari, M.D.
Jay E. Blum, M.D.
Andrew G. Bodnar, M.D.
Nelson M. Braslow, M.D.
Franklin R. Bringhurst,. M.D.
Erica A. Brotschi, M.D.
C. Allan Brown, M.D.
Michael A. Bush, M.D.
Edward W. Campion, M.D.
Susan E. Cancelosi, M.D.
Blase A. Carabello, M.D.
Sarah H. Cheeseman, M.D.
William W. Chin, M.D.
David R. Clemmons, M.D.
David S. Cooper, M.D.
David Coppe, M.D.
Raymond J. Dattwyler, M.D.
Michel P. Davalos, M.D.
Jean-Michel Dayer, M.D.
Jules L. Dienstag, M.D.
Niranjankumar Dudani, M.D.
Victor J. Dzau, M.D.
Thomas H. Ebert, M.D.
Paul H. Ehrlich, Ph.D.
Neil A. Evans, Ph.D.
Leslie S-T. Fang, M.D.
Mark Friedman, M.D.
Hasan Garan, M.D.
Patricia E. Garrett, M.D.
Henry Gewirtz, M.D.
Leo C. Ginns, M.D.
Steven R. Goldring, M.D.
Scott M. Hammer, M.D.
David C. Harmon, M.D.
Jeffrey E. Harris, M.D.
Garner T. Haupert, Jr., M.D.
Jean-Francois Heron, M.D.
Lorenzo Herrera, M.D.
Sally A. Holick, Ph.D.
Charles J. Homcy, M.D.
David J.S. Hulmes, D.Phil.
Susan Jaken, Ph.D.
Shahrokh Javaheri, M.D.
Barbara P. Johnson-Muller, Ph.D.
Donald M. Kaplan, M.D.
Jeane M. Kelley, M.D.
Barry J. Kemler, M.D.
J. David Kieffer, Ph.D.
Howard D. Kirshenbaum, M.D.
Edward M. Kowaloff, M.D.
David I. Krohn, M.D.
Donald J. Krogstad, M.D.
Henry M. Kronenberg, M.D.
Paul W. Ladenson, M.D.
Jennifer L. Link, M.D.
Charles D. Little, Jr., Ph.D.
Beverly, H. Lorell, M.D.
Joseph A. Majzoub, M.D.
Roger J. May, M.D.
John McDermott, M.D.
Joan A. McGowan, Ph.D.
Geoffrey C. Mews, M.D.
Matthe A. Miller, M.D.
Richard D. Mirel, M.D.
Carl B. Monroe, M.D.
Barbara E. Murray, M.D.
Joshua G.F. Nagin, M.D.
Allen B. Nichols, M.D.
Hoyoku Nishino, M.D.
Samuel R. Nussbaum, M.D.
Juerg Nussburger, M.D.
Hisanao Ohkura, M.D.
Igor Palacios Urdaneta
Richard C. Pasternak, M.D.
Tarja-Tertu T. Pelliniemi, M.D.
Harry R. Phillips, III, M.D.
Richard H. Pointer, Ph.D.
John W. Popp, Jr., M.D.
Ronald F. Poulin, M.D.
Eric R. Powers, M.D.
Ellis L. Reinherz, M.D.
Stanley G. Rockson, M.D.
Mark L. Rosenberg, M.D.
Jose R. Rovira, M.D.
David L. Rutlen, M.D.
Edward W. Schroder, Ph.D.
Allan Schwartz, M.D.
Dominique A. Schwarzenbach, M.D.
Ted Steven Silver, M.D.
Robert A. Sirota, M.D.
James R. Snapper, M.D.
Michael E. Somand, M.D.
Frederick S. Southwick, M.D.
Gary M. Strauss, M.D.
Uko Takagaki, Ph.D.
Heng S. Tan, M.D.
Janet Thorndike, Ph.D.
George L. Tully, III, M.D.
Charles B. Underhill, Ph.D.
Carol A. Waksmonski, M.D.
Assa Weinberg, M.D.
Elaine Woo, M.D.

Helen L. Yin, M.D.
Junichiro Yoshikawa, M.D.
Vincent R. Zurawski, Jr., Ph.D.

Visiting Fellow
Murray L. Laver, Ph.D.

DERMATOLOGY

Richard A. Clark, M.D.
Mark J. LeVine
Sumala Lopansri, M.D.
John W. Melski, M.D.
Khosrow Momtax-Tabatabai, M.D.
David B. Mosher, M.D.
Jan E. Muhlbauer, M.D.
Harold A.D. White, M.B.B.S.
Michael M. Wick, M.D., Ph.D.
Thomas G. Wise, M.D.

NEUROLOGY

Albert A. Ackil, M.D.
Christopher J. Burke, M.D.
Sam K. Choi, M.D.
Seth P. Finkelstein, M.D.
Beth Henrikson, M.D.
Daniel B. Hier, M.D.
William L. High, M.D.
Richard C. Hinton, M.D.
Paul J. Maccabee, M.D.
Daniel A. Pollen, M.D.
Allan H. Ropper, M.D.
Eric Sweet, M.D.
Richard F. Tonzola, M.D.

PSYCHIATRY

David Arnow, B.A.
Stephen Bender, M.Ed.
Don Brand, M.A.
Charles Carroll, M.S.
Michael Cauley, M.Ed.
Ginger Chappell, Ph.D.
Philip Churchill, Ph.D.
William Falk, M.D.
Marie S. Farhadi, M.D.
Samuel Fisk, M.B.A.
Arlene Frank, Ph.D.
Raoul Harpin, Ph.D.
Thomas R. Kelleher, Ph.D.
Stephen Kleinman, M.D.
Kristen Kuehnle, M.D.
Constance Lorman, M.Ed.
Burt Lowe, Ph.D.
Nancy Lundy, M.A.
John Maas, M.Ed.
Gloria Meares, Ph.D.
Janice Murphy, Ph.D.
Nicholas Quintana, M.A.
John Riley, Ph.D.
Joanna Rohrbaugh, Ph.D.
Bruce Shackleton, M.Ed.
Elizabeth Silverberg, M.A.
Harry Sobel, M.S.
John Sos, M.D.
Judith Teicholz, M.Ed.
Walter Torres, M.A.
Kathleen Ulman, M.A.
William Winn, M.Ed.

PEDIATRICS

Gregory Asimakis, Jr., Ph.D.
Stanley Cohen, M.D.
Martin Geertsma, M.D.
Lynn Hudson, Ph.D.
Stephen Jacobsen, Ph.D.
Margaret Kimball, Ph.D.
Ronald Kleinman, M.D.
Alan Lake, M.D.
Ruth Liberfarb, M.D.
Wayne Miller, M.D.
Kathleen J. Motil, M.D.

SURGERY

David Bouchier-Hayes, M.B., B.Ch.
Robert C. Burton, M.B., B.S.
Silvia Castorina-Ziparo, M.D.
John S. Chaffin, M.D.
Michael J. Durkot, Ph.D.
Willem F. Eggink, M.D.
Stan N. Finkelstein, M.D.
Herbert R. Freund, M.D.
Geir J. Grotte, M.B., B.S.
Jerome Haber, D.D.S.
Christopher S. Humphrey, M.B., Ch.B.
Pamela M. Hurley, Ph.D.
Christopher G. Jamieson, M.B., B.S.
Bengt W. Jeppsson, M.D.
Rudolf Krause, M.D.
Subrat K. Lahiry, M.B., B.S.
Arthur K. C. Li, M.D., B. Chir.
Andrew R.L. May, M.B., B.S.
Willie D. McCullough, Ph.D.
Arnold Miller, M.B., B.Ch.
Greg A. Mintz, D.M.D.
Yasuhide Morikawa, M.D.
Charles J. Mullany, M.B., B.S.
Nobuatsu Murayama, M.D.
Anne W. Phillips, M.D.
John C. Robinson, M.D.
Elizabeth M. Sajdel-Sulkowska, M.S.
Gregory E. Scott, M.D.
Charles F. Shield, III, M.D.
John M. Snowden, Ph.D.
Jacques Suaudeau, M.D.
Vincenzo Ziparo, M.D.
Paul C. Zwiebel, M.D.

NEUROSURGERY

Guillermo Candia, M.D.
Morelia R. Candia, M.D.
Hugh Coakham, M.D.
Seiji Hayashi, M.D.
Kimiyoshi Hirakawa, M.D.
Charles Kieck, M.D.
Joe M. Parks, Ph.D.
Glen A-Wen Pu, Ph.D.
Andrew Shetter, M.D.

ORAL SURGERY

Charles N. Bertolami, D.D.S.
Michelle Copeland, D.M.D.
Warren F. Green, D.M.D.
Ragnhild M. Horvath, D.M.D.
David A. Keith, B.D.S.
Scott W. Lite, D.M.D.
Roy A. Rockman, D.D.S.
David E. Waterfall, D.M.D.

ORTHOPAEDIC SURGERY

Robert B. Bourne, M.D.
Yoshitane Hiki, M.D.
Richard L. Ray, M.D.
Jean Philippe-Collin, M.D.
Douglas R. Miller, Ph.D.
Francis T. Reineck, M.D.
Roberto U. Velasco, M.D.

ANESTHESIA

William B. Chan, D.M.D.
Robert N. Concannon, M.B., B.Ch.
Richard F. Davis, M.D.
Philip J. Morris, M.B., Ch.B.
Javier Moya-Rodrigues, M.D.
Kam-Yee Yu Pang, Ph.D.
Lawrence L. Priano, M.D., Ph.D.
Michael J. Pringle, Ph.D.
Edmund G. Regina
Jean Francois Sauter, Ph.D.
Barry J. Segal, M.D.
Raymond A. Smith, D.Phil.

PATHOLOGY

Visiting Fellow
Masamichi Kojiro, M.D.

Clinical and Research Fellows
James D. Faix, M.D.
John T. Fallon, M.D.
Walter P. Richardson, M.D.

Research Fellows
Walter K. Jung, M.D.
Stephen J. Galli, M.D.
David A. Link, M.D.
Frederick H. Silver, M.D.

RADIATION MEDICINE

Howard Michaels, Ph.D.

RADIOLOGY

Clinical Fellows

Luther B. Adair, M.D.
William B. Cutcliff, M.D.
James M. Davis, III, M.D.
Ricardo V. Gonzales, M.D.
H. Paul Hatten, M.D.
John R. Hesselink, M.D.
Saadoon Kadir, M.D.
Frank M. Mioz, M.D.
Robert G. Peyster, M.D.

Clinical and Research Fellows
Athanassios D. Gouliamos, M.D.
John Bingham, M.D.

Research Fellows
Saadia Cochavi, Ph.D.
George Inglis, Ph.D.
Santi Kulprathipanja, Ph.D.
Harumi Nose, M.D.
Tadao Nose, M.D.
John A. Parker, M.D.
Cynthia L. Thomason, M.S.
Marshall A. Weissberger, Ph.D.
Robert G.A. Zamenhof, Ph.D.

STAFF
MASSACHUSETTS GENERAL HOSPITAL

List of Officers and Staff begins on page 200.

Massachusetts Eye and Ear Infirmary

The Ophthalmological and Otolaryngological needs of the Massachusetts General Hospital are served by the Massachusetts Eye and Ear Infirmary, an adjacent but independent specialty hospital. The staff of the Massachusetts Eye and Ear Infirmary is as follows:

MEDICAL STAFF

OPHTHALMOLOGY

ACTIVE STAFF

Chief of Ophthalmology
Claes H. Dohlman, M.D.

Associate Chief of Ophthalmology
Charles D.J. Regan, M.D.

Assistant Chief of Ophthalmology
Richard A. Thoft, M.D.

Surgeons in Ophthalmology
S. Arthur Boruchoff, M.D.
Robert J. Brockhurst, M.D.
Thomas P. Cronin, M.D.
Claes H. Dohlman, M.D.
W. Morton Grant, M.D.
Charles D.J. Regan, M.D.
Alfred W. Scott, M.D.
David H. Scott, M.D.
Richard J. Simmons, M.D.
Taylor R. Smith, M.D.
Richard A. Thoft, M.D.

Associate Surgeons in Ophthalmology
Daniel M. Albert, M.D.
Lloyd M. Aiello, M.D.
Richard B. Chapman, M.D.
David D. Donaldson, M.D.
H. MacKenzie Freeman, M.D.
Carl G. Freese, M.D.
Stephen J. Fricker, M.D.
George E. Garcia, M.D.
John R. Gehring, M.D.
Warren D. Haley, M.D.
Ralph H. Hinckley, M.D.
Roland E. Houle, M.D.
B. Thomas Hutchinson, M.D.
Robert C. Lawlor, M.D.
Byron S. Lingeman, M.D.
J. Wallace McMeel, M.D.
George M. Olive, M.D.
Baruch J. Sachs, M.D.
Michael Wiedman, M.D.

Assistant Surgeons in Ophthalmology
Eliot L. Berson, M.D.
Charles K. Beyer, M.D.
John M. Carroll, M.D.
Leo T. Chylack, M.D.
Eugene C. Ciccarelli, M.D.
Albert R. Frederick, Jr., M.D.
Alexander R. Gaudio, M.D.
Robert A. Gorn, M.D.
Deborah P. Langston, M.D.
Eeva-Liisa Martola, M.D.
Joseph Michon, M.D.
David Miller, M.D.
Robert A. Petersen, M.D.
Silvio R. von Pirquer, M.D.
Roland C. Pruett, M.D.
Richard M. Robb, M.D.

Joseph C. Kim, M.D.
Mohandas M. Kini, M.D.
Arnold J. Kroll, M.D.
Joel Arthur Kraut, M.D.
Brent W. Lambert, M.D.
Perry Rosenthal, M.D.
John G. Sebestyen, M.D.
Harvey H. Slansky, M.D.
David S. Walton, M.D.
Donald R. Weiss, M.D.

Assistant Physician in Ophthalmology

Shirley H. Wray, M.D.

Assistants in Ophthalmology

Mark B. Abelson, M.D.
Ann Marie Bajart, M.D.
A. Robert Bellows, M.D.
Don C. Bienfang, M.D.
Chester J. Boulris, M.D.
Jack F. Bowers, M.D.
John B. Constantine, M.D.
Robert B. Cook, M.D.
Richard L. Dallow, M.D.
David K. Dueker, M.D.
David L. Epstein, M.D.
Gault M. Farrell, M.D.
Elliot M. Finkelstein, M.D.
Richard P. Floyd, M.D.
C. Stephen Foster, M.D.
Kweku N. Ghartey, M.D.
Evangelos Gragoudas, M.D.
David S. Greenseid, M.D.
Arthur S. Grove, M.D.
David A. Hill, M.D.
Tatsuo Hirose, M.D.
David S. Hutchison, M.D.
Barry Jacobs, M.D.
Eric H. Johnson, M.D.
Jay H. Kaufman, M.D.
Robert T. Lacy, M.D.
James R. Lee, M.D.
Raymond Liggio, M.D.
Ernest J. Meyer, M.D.
Peter B. Mooney, M.D.
Edward Murphy, Jr., M.D.
Paul E. Pataky, M.D.
James T. Patten, M.D.
David G. Perkins, M.D.
Charles T. Post, M.D.
Donald W. Putnoi, M.D.
Edward A. Ryan, M.D.
Kenneth A. Stampfer, M.D.
Felipe I. Tolentino, M.D.
Daniel W. Tolpin, M.D.
Clement Trempe, M.D.
Paul F. Vinger, M.D.
George A. Violin, M.D.
Mohammed Z. Wafai, M.D.

ASSOCIATE STAFF

Assistants in Ophthalmology

Stephen R. Depperman, M.D.
Thomas Richardson, M.D.
James Rosenberg, M.D.
Harold A. Woodcome, M.D.

Consulting Chiefs of Ophthalmology

Henry F. Allen, M.D.
Paul A. Chandler, M.D.
David G. Cogan, M.D.
Edwin B. Dunphy, M.D.

Senior Consulting Surgeons in Ophthalmology

D. Robert Alpert, M.D.
William P. Beetham, M.D.
Harry E. Braconier, M.D.
Virgil G. Casten, M.D.
Joseph M. Clough, M.D.
Mahlon T. Easton, M.D.
Trygve Gundersen, M.D.
Carl C. Johnson, M.D.
Brendan D. Leahey, M.D.
Sumner D. Liebman, M.D.
Henry A. Mosher, M.D.
Ichiro D. Okamura, M.D.
Irving L. Pavlo, M.D.
Abraham Pollen, M.D.
Karl Riemer, M.D.
Charles L. Schepens, M.D.
Earl S. Seale, M.D.
Albert E. Sloane, M.D.
Garrett L. Sullivan, M.D.
Francis J. West, M.D.

HONORARY STAFF

Associate Surgeons in Ophthalmology

Frederic B. Breed, M.D.	John M. Hill, M.D.
Charles H. MacLaughlin, M.D.	

Assistant Surgeons in Ophthalmology

Julian F. Chisholm, M.D.	Arthur M. Morrissey, M.D.
Robert Kinder, M.D.	Bertha Offenbach, M.D.

SERVICES

General Eye Service
Charles D.J. Regan, M.D.
Director

Ophthalmic Pathology
Taylor R. Smith, M.D.
Director

Glaucoma Consultation Service
W. Morton Grant, M.D.
Director

Cornea Service
Deborah P. Langston, M.D.
Acting Director

Ocular Motility Service
Stephen S. Fricker, M.D.
Director

Neuro-ophthalmology
Shirley H. Wray, M.D.
Director

Retina Service
Charles D.J. Regan, M.D.
Acting Director

Emergency Room
Arthur S. Grove, M.D.
Director

Pediatric Ophthalmology
David S. Walton, M.D.
Director

Resident Training
C. Stephen Foster, M.D.
Director

OTOLARYNGOLOGY

ACTIVE STAFF

Chief of Otolaryngology
Harold F. Schuknecht, M.D

Surgeons in Otolaryngology

William L. Hayden, M.D.
Alfred L. Hurst, M.D.
Thomas R. Klein, M.D.
Robert E. Klotz, M.D.
Robert H. Lofgren, M.D.
William W. Montgomery, M.D.
Harold F. Schuknecht, M.D.

Associate Surgeons in Otolaryngology

Yale J. Berry, M.D.
Allan G. Edwards, M.D.
Richard L. Fabian, M.D.
Richard L. Gacek, M.D.
C. Edward Jackson, M.D.
Roy A. Johnson, M.D.
Donald G. Keamy, M.D.
John M. Kurkjian, M.D.
Clarence Kylander, M.D.
Joseph A. Moretti, M.D.
Rufus C. Partlow, M.D.
David L. Pierce, M.D.
Marshall S. Strome, M.D.
John C. Trakas, M.D.
Richard C. Webster, M.D.
Ernest Weymuller, M.D.
William R. Wilson, M.D.

Assistant Surgeons in Otolaryngology

Robert P. Cipro, M.D.
William H. Friedman, M.D.
Edward G. Glinski, M.D.
Edward E. Jacobs, M.D.
William G. Lavelle, M.D.
Carl M. Lieberman, M.D.
Jon B. Liland, M.D.
Thomas J. Mulvaney, M.D.
Joseph B. Nadol, M.D.
Angelo Pappanikou, M.D.
Stephen A. Smith, M.D.

Assistants in Otolaryngology

Barry J. Benjamin, M.D.
Howard M. Ecker, M.D.
Paul E. Hammerschlag, M.D.
James P. Hughes, M.D.
James H. Kelly, M.D.
Ely A. Kirchner, M.D.
Trevor J.I. McGill, M.D.
Stephen A. Parker, M.D.
Alfred D. Weiss, M.D.

Consulting Chief of Otolaryngology

LeRoy A. Schall, M.D.

Senior Consulting Surgeons in Otolaryngology

Walter J.E. Carroll, M.D.
Charles J. Drooker, M.D.
Maurice G. Evans, M.D.[1]
John R. Frazee, M.D.
Robert L. Goodale, M.D.
Edgar M. Holmes, M.D.
Moses H. Lurie, M.D.
John E. McKeigue, M.D.
Daniel Miller, M.D.
John R. Richardson, M.D.
Sidney R. Wilker, M.D.
Bernard Zonderman, M.D.

Senior Consulting Associate Surgeon in Otolaryngology

Aram Roopenian, M.D.

HONORARY STAFF

Associate Surgeons in Otolaryngology

Charles Kent, M.D.
Herman J. Sternstein, M.D.

Assistant Surgeon in Otolaryngology

Elizabeth DeBlois, M.D.

Assistant in Otolaryngology

Frank W. Brady, M.D.

ASSOCIATE STAFF

Associate Surgeon in Otolaryngology
Werner D. Chasin, M.D.

[1] Deceased

Assistants in Otolaryngology
Robert Wayne Clubb, M.D. Victor M. Gotay-Rodriguez, M.D.
John Nicholas Vandemoer, M.D.

Consultant in Medical Oncology
Susan Pitman, M.D.

Consultant in Prosthodontia
Peter E. Goldberg, D.D.S.

SERVICES

Aram Roopenian, M.D.
Senior Consulting Associate Surgeon
in Plascit and Reconstructive Surgery

Richard C. Webster, M.D.
Associate Surgeon in Plastic
and Reconstructive Surgery

Richard L. Fabian, M.D.
Associate Surgeon in Plastic
and Reconstructive Surgery

Howard M. Ecker, M.D.
Assistant in Plastic
and Reconstructive Surgery

Edward E. Jacobs, M.D.
Assistant in Plastic
and Reconstructive Surgery

William G. Lavelle, M.D.
Assistant in Plastic
and Reconstructive Surgery

John Nocholas Vandermoer, M.D.
Assistant in Plastic
and Reconstructive Surgery

Assistant in Plastic
and Reconstructive Surgery

Subdivision of Otolaryngologic Pathology
Max L. Goodman, M.D.
Director
Ben Z. Pilch, M.D.
Assistant in Pathology

Head and Neck Tumor Clinic
William W. Montgomery, M.D.
Director

Ernest Weymuller, M.D.
Associate Director

Endoscopy Service
William W. Montgomery, M.D.
Director
Thomas J. Mulvaney, M.D.
Associate Director

Esophageal Voice Classes
Ann Volk, *Director*

Audiology
Rhoda K. Morrison, *Director*

MEDICAL STAFF

COMMON TO BOTH SERVICES

DEPARTMENT OF ANESTHESIOLOGY

Chief of Anesthesiology
Porter H. Smith, M.D.

Anesthesiologists
John V. Donlon, M.D.
Jin Woo Kim, M.D.

Assistant Anesthesiologists
Malcolm J. Heslop, M.D.
Daniel W. Lang, M.D.
Kathryn E. McGoldrick, M.D.
Lily G. Tabbal, M.D.

Assistants in Anesthesiology
Vitali H. DeGuzman, M.D.
Harry R. Frohberg, M.D.
Ismail Seda Sensel, M.D.
David Ik Sonn, M.D.

Assistants in Anesthesiology
(Part-time)
James M. Gayes, M.D.
Nishan G. Goudsouzian, M.D.
J.A. Jeevendra Martyn, M.D.

DEPARTMENT OF RADIOLOGY

Chief of Radiology
Alfred L. Weber, M.D.

Radiologist
Alexander S. Macmillan, Jr., M.D.[1]

Associate Radiologist
Kiyokazu J. Momose, M.D.

Assistant Radiologist
Jeanne Keller, M.D.

Consultants in Radio Therapy
Milford D. Schulz, M.D.
Herman D. Suit, M.D.
Chiu-Chen Wang, M.D.

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[1] Deceased

MEDICAL UNIT

ACTIVE STAFF

Chief of Medical Unit
Lloyd Axelrod, M.D.

Consultants in Internal Medicine

Gerald J. Doyle, M.D.
Richard A. Field, M.D.

ASSOCIATE STAFF

Consultants in Internal Medicine

Thomas Richard Allyn, M.D.
Franklin Bringhurst, M.D.
Andrew Gabriel Bodnar, M.D.
David S. Clemmons, M.D.
Leslie Shu-Tung Fang, M.D.

Clinical Fellow in Internal Medicine
Nelson Mark Braslow, M.D.

MICROBIOLOGY

Joan Haaf, *Bacteriologist*

CLINICAL LABORATORY

Eleanor Bushman,
Chief Medical Technologist

PHARMACY

Richard Giovanoni, *Director*

Report of the Trustees

It is an honor to present the 164th Annual Report of the Board of Trustees covering the calendar year 1977. The past twelve months have been devoid of spectacular occurrences. Rather they have been characterized by increasing involvement with regulatory governmental agencies with consequent frustrating delays in the implementation of important projects. Continuing inflation and third party payment problems have continued to plague the Administration. Nonetheless, solid progress has been made and much credit for this is due to the General Director, Dr. Sanders, and the members of his dedicated staff.

Two joint MGH-Harvard Medical School **ad hoc** committees completed their work during the past year, nominating Dr. Nicholas T. Zervas as Chief of Neurosurgery, and Dr. Donald N. Medearis, Jr., as Chief of Pediatrics. Both these nominations were approved by the appropriate Hospital and University Committees, and the new Chiefs of Service took up their respective duties in the summer of 1977. The Hospital owes a debt of gratitude to the retiring chiefs—Dr. William H. Sweet and Dr. Nathan B. Talbot, for the skilled leadership they have given to their respective services of many years.

In last year's report the reorganization of the Committee structure of the Board of Trustees was described in some detail. The newly implemented system has worked well. The study aimed at developing a sophisticated cost analysis procedure has progressed toward its goal of achieving an analysis of medical cost by diagnosis. A special committee on Pension Plan Fiduciaries was appointed in August 1977 and took up its work in the early autumn. The Patient Care Committee submitted an oral report in September 1977 emphasizing the need for establishing and maintaining a proper balance between the Hospital's several functions—notably the practice of general medicine and surgery, service in the clinical specialties, research, and teaching.

At the Annual Meeting of the Corporation held on May 13, 1977, the Nominating Committee presented the following slate of new members of the corporation to serve for an initial term of five years: Mr. Joseph W. Bartlett, Mr. Norman L. Cahners, Mr. Landon T. Clay, Rt. Rev. John B. Coburn, Mr. George R. Frick, Mr. John A. Kaneb, Mrs. John J. Livens, Mr. John N. Philips, Mr. Jose M. Soriano, and Mr. John K. Spring. At the same time twenty-nine were nominated, including Trustees, for additional terms of five years each. These nominations were unanimously approved by the members of the corporation present.

During the past year the hospital lost two distinguished members of the staff—Dr. Henry H. Faxon and Dr. Greene Fitzhugh, as well as Mrs. Augustus Thorndike, a Life Member of the corporation. The

Trustees noted with sincere regret the passing of these devoted friends of the hospital.

Much to the disappointment of the hospital, final action on its application for a Certificate of Need for the Ambulatory Care Center had not been taken by the Public Health Council before the end of 1977. Although the application had been approved by the Public Health Council on March 28, 1976, the Ten Taxpayers Group representing Charles River Park had appealed the ruling to the Health Facilities Appeal Board which in turn remanded the approval to the Council for further study and clarification, a process which has run on during the past year. The Hospital has submitted a revised application for a Certificate of Need designed to answer the questions raised by the various parties concerned. The Public Health Council is scheduled to render its final decision in early 1978. In the meantime, active planning for the Center continues, including the formation of a Committee on Ambulatory Care, which will be responsible for the operation of the Center.

The hospital's petition for charter amendment to permit degree granting authority was approved in February 1976 by a distinguished visiting committee appointed by the Board of Higher Education, and after further study, by the Board itself. A bill to exempt research and educational activities from the Determination of Need process was passed by the Legislature on the last day of the 1977 session, thereby clearing the way for the development of the Division.

The Scientific Advisory Committee strengthened by the appointment of Dr. Harold Amos of Harvard Medical School and Dr. Herman N. Eisen of MIT to membership met on December 8, 9 and 10, 1977 with both Staff and Trustees. Under the leadership of Dr. Robert L. Trelstad a "Research Symposium" was presented December 9th to a large audience from the MGH and neighboring scientific institutions. Dr. Jerome B. Wiesner who graciously accepted reappointment to the Committee gave the principal address at the dinner meeting on December 9th. In general the Scientific Advisory Committee approved of the progress made by the Committee on Research in its efforts to improve interdisciplinary training of younger scientists at the MGH. The Trustees voted support of start up costs of this program from the Dalton Fund.

On October 21, 1977, the Trustees approved the development and implementation of a joint program on Medical Engineering and Medical Physics involving both the MGH and the Harvard-MIT Joint Program in the Health Sciences and Technology.

On June 24, 1977, the John Collins Warren Triennial Prize was awarded in equal shares to Seymour Benzer, James Griffin Boswell Professor of Neuroscience at California Institute of Technology, and Walter Gilbert, American Cancer Society Professor of Molecular Biology, Harvard University, in recognition of "their independent but complementary contributions to our knowledge of the fine structure and functions of genes."

Two problems facing the Trustees in the months ahead are (1) the necessity of complying with the new safety regulations recently promulgated by federal and state governmental agencies and (2) the need to provide adequate facilities for animals used in the Hospital's many research laboratories. The solutions to these problems are difficult and costly. The careful planning required to address the issues is already underway.

In the spring of 1977, the hospital was surveyed by members of the Joint Commission on the Accreditation of Hospitals and given accreditation for the coming year.

Once more McLean Hospital ended the year with a small surplus which was applied to the reduction of the existing debt. Patient census ran fairly consistently above budget. Continued renovation of the physical plant increased the efficiency of operation. The Joint Commission on the Accreditation of Hospitals surveyed the Hospital in the summer of 1977 and gave it accreditation for two years.

The outstanding event of the year was the completion of the Mailman Center and its subsequent dedication at a colorful and thronged ceremony on Oct. 3, 1977 at which occasion the principal speakers were Mrs. Rosalynn Carter and Dr. deMarneffe. Several members of the Mailman family were present. The fully funded Center was completed on schedule and Dr. Seymour Kety, Dr. Ross Baldessarini and their associates have moved their laboratories to its upper floors from the MGH. In November 1977, the two lower floors were officially designated as the "Ralph Lowell Laboratories" in honor of Mr. Lowell who has contributed so much to the well being of McLean Hospital. The dedication ceremony was attended by many of his family and friends.

The past year has not been an easy one for the hospital and its staff and administration. Rising costs and ever increasing participation by governmental regulatory agencies in the decision process continue and will continue to present problems requiring adjustments unthought of a decade ago. These threatening shadows should not obscure the solid accomplishments of both staff and administration during the past year—accomplishments in which the Trustees take great pride and on which they base their faith in the future of the Hospital.

F. SARGENT CHEEVER, M.D.
For the Trustees

Report of the General Director

It is an honor to submit the annual report for the year 1977, my fifth as General Director. A milestone in the hospital's history occurred in the summer, when 87 beds were moved from the famous Bulfinch Building which opened in 1821, to new semi-private accommodations located on Floors 6 through 9 of the new Bigelow Tower. The move was carried out in four phases scheduled over an eight-day span of time.

During 1977, the hospital experienced substantial changes in its predicted expense budget in areas over which we had little control. For example, increases in Social Security taxes amounted to $22,000, required funding of the MGH pension plan resulted in an increment of $583,000, and the additional costs of health care insurance for our employees amounted to $62,000. Each department head was asked to cut expenses wherever possible during the fiscal year. Their many efforts resulted in an "evening" out of financial performance at year end.

In the Fall, at the request of the Chiefs of Service, the Administration instituted a system of distribution of randomly selected inpatient bills to staff members and Chiefs. This has had a salutary effect in helping the physician to understand the substantial costs incurred through ordering of tests and procedures, while at the same time serving as an extra checkpoint on the accuracy of the services billed for.

Our new Director of Human Resources, Mr. Richard Daggett, guided us through the design and implementation of a new wage and salary plan, a modified merit program which marked a major change in philosophy and system for the MGH.

In the Spring and Summer months, a television documentary describing the essential features of a teaching hospital was filmed on the premises of the MGH. This program will receive national airing early in 1978.

Also in the Spring of 1977, the MGH Flower Shop opened under the sponsorship of the Ladies Visiting Committee, providing a welcome new service and cheery environment for patients, visitors, and employees alike.

Mrs. Maeve Blackman was appointed Director of Volunteer Services in November, succeeding the late Miss Mary Ruth Wolf.

In the late Fall, planning began for the improvement of animal care facilities at the MGH. This project will occupy the research and planning staff for many months to come and represents a high priority of concern.

Two programs of major importance mentioned in my 1976 report continued to occupy center stage in 1977. Deliberations over the request for a determination of need to allow the MGH to build an ambulatory care center were still pending at year end. In the Spring, the Massachusetts Board of Higher Education voted to approve the MGH petition for a charter amendment allowing the hospital to grant the following degrees: B.S. in Respiratory Therapy and in Radiologic Technology; M.S. in Physical Therapy, in Nursing Science, in Speech Pathology, and in Dietetics.

The 1977 legislative session was of particular importance to the MGH and other hospitals. The most significant legislation enacted was Chapter 945 which made the following revisions in the certificate of need (CON) process:

1. Exempts from the certificate of need law projects which (A) are essential to the conduct or research in the basic biomedical or health care delivery areas or to the training of health care personnel; (B) shall at no time result in any increase in the clinical bed capacity or outpatient load capacity of the facility; and (C) shall cause no increase in the total patient care charges to the public for health care services, supplies, and accommodations. A facility could be required to notify the Department and the Rate Setting Commission in writing at least 21 days before undertaking such a project.
2. Increases the capital expenditure minimum for a certificate of need application from $100,000 to $150,000.
3. Revises the time period for the state to review and act upon a certificate of need application, requiring the Department of Public Health to approve or disapprove each application within eight months of filing, provided, however, that the Department may once only defer decision for two months after receiving additional information requested from an applicant. Applications not acted upon within the specified time period would automatically receive approval.
4. Requires that this act comply with federal law.
5. Provides that rules and regulations promulgated must be filed with the legislature's Health Care Committee thirty days before taking effect.

The above legislation is of critical importance to the teaching hospitals.

As we all know, the health care industry is increasingly regulated by government at all levels. Each legislative session results in bills attempting to solve the problems of health care costs, universal access to quality services, and appropriate prospective planning for the delivery of health services to our citizenry. The National Health Planning and Resources Development Act (P.L. 93-641) passed in 1974 was enacted "to assure the development of a national health policy and of effective state health regulatory and area health planning programs." While the goals of this legislation are laudable, implementation has fallen short of the original intent. A review of the progress and literature suggests that all sectors of the health care community, including the regulator and the planner, have been slow to assimilate its many provisions and to appreciate its implications. Legislative revisions of this bill have already been prepared for submission in the 1978 congressional session. From our point of view, the deficiencies in P.L. 93-641 relate to the CON process and, largely in connection with that process, the health systems agency role in that process. While the basic assumptions are well accepted by all responsible segments of the community—that unnecessary duplication of health resources should be prevented, increases in the costs of providing health services restrained, and the quality and accessibility of health care improved—implementation of the state CON program in Massachusetts has been disappointing. This poor performance has resulted in large part from prevailing executive and administrative policies ignoring or giving inadequate weight to the legitimate needs and concerns of health care providers. Much of the responsibility for this relative failure appears traceable to procedural defects in the process, and it is to address these defects that the above mentioned revisions in Chapter 945 were so arduously sought throughout the year.

The federal statute also establishes the health systems agency (HSA) as the basic unit of the nationwide network of health planning. The HSA is to be responsible for conducting surveys of the need for health services and resources, developing plans to meet such needs, implementing, evaluating and, when necessary, amending such plans; regulating to some extent the activities of health providers; and allocating financial resources for development of needed services and facilities. Such vast responsibilities for a private entity which is not directly accountable to the public through the electoral process have been questioned. In addition, there is a genuine question as to whether or not the HSA staff and membership can possibly handle the vast responsibilities assigned to them. Their effectiveness will continue to depend in large measure on the power of persuasion, and our concern as we move into a new year is to help ensure to the extent possible that the HSA boards have sufficient technical, administrative, and political expertise to objectively evaluate the massive amounts of information to come before them. Their potential effectiveness in planning and achieving their cost containment mission appears speculative at best. Numerous surveys on the impact of previous health planning bodies in regulating health facilities and services have concluded that there is no evidence to support their effectiveness or efficiency in capital expenditure reviews.

Thus, while the original intent of P.L. 93-641 is commendable, it is clear that substantial deficiencies exist. We can only applaud and encourage efforts to correct such deficiencies so that the prospective development of health care policy for the United States will be based on a reasonable and equitable foundation.

In summary, 1977 has been marked by a number of signal accomplishments which will have an important influence on the future of the

hospital. These achievements have been brought about by the collective action of the dedicated people who make the MGH what it is today and whose presence gives the assurance that it will remain strong and vigorous in the years ahead.

CHARLES A. SANDERS, M.D.
General Director

Report of the General Executive Committee

Many of the discussions of the General Executive Committee in 1977 dealt with issues arising from concern about the high cost of medical care and the increasing regulation of hospital policies and activities by outside agencies. In an April meeting Dr. William Sweet presented, with his usual flair, an analysis of some of the factors responsible for the rise of hospital costs. He emphasized the need for greater physician involvement in attempts to contain costs; it is hoped that this approach may help to retard the growth of governmental regulation of the health care industry. In the discussion of this complex issue that followed, the suggestion was made that attending physicians and chiefs of clinical services receive randomly selected copies of hospital bills; this was put into effect later in the year. The cost of hospital care was also discussed at other meetings of the GEC. Although the problem continues to grow, there have been signs of improvement in certain areas. Thus, the average length of hospital stay has been shortened in recent years, probably in large part as the result of the work of the Utilization Review Committee. Moreover, requests for certain laboratory and radiologic procedures have actually declined in recent years.

Administration and management are increasingly important responsibilities of the chiefs of departments and services; however, most department heads receive little or no formal training in the skills required for effective management. To provide an overview of management practices, Dr. Charles Sanders, Dr. Jerome Grossman, and Mrs. Martin Bander planned a series of seminars, which were conducted by members of the faculty of the Harvard Business School. Five sessions of the GEC were largely devoted to this program, which included discussions of organizational structure, concepts of management control and policy analysis. It was generally agreed that the series provided the members of the GEC with some new insights into the capabilities and techniques of management in coping with the type of complex problems which department heads have to face.

Several issues related to personnel policies at the MGH were discussed with Mr. Richard Daggett, the newly appointed Director of Human Resources. He reviewed the affirmative action program at the MGH, which is in compliance with federal requirements. The GEC reaffirmed its goal of giving opportunities for minority physicians and non-professional candidates, without sacrificing the traditional commitment of the MGH to excellence. At a meeting in July, Mr. Daggett presented his revised wage and salary program, with provisions for merit increase. The GEC enthusiastically endorsed this proposal, the first stage of which was implemented later in the year.

A revised statement of the patients' bill of rights was presented to the GEC by Miss Isabelle Tighe; at year end the document was ready for final approval by the GEC.

The question of whether written consent forms for surgical and invasive diagnostic procedures should be required at the MGH was repeatedly discussed in the second half of the year. This issue arose because of the recommendation of a committee of Controlled Risk Insurance Company (CRICO) that such forms be adopted by all participating hospitals. The consensus of the GEC was that truly informed consent is best provided by discussions between the patient and his physician, rather than by a requirement for the patient's signature on a standard consent form. However, there was recognition of the need for improved documentation in the patient's record that the patient had been appropriately informed of the risks and benefits of proposed therapy.

The GEC heard reports from the chairmen of about one third of its twenty-nine standing committees in 1977. Dr. John Burke described a new, simplified disaster plan, in which on any given day greater reliance is placed on physicians with on call responsibilities. A revised manual for disaster planning will be forthcoming. Dr. George S. Richardson and Miss Jacqueline D. Bastille, head of the Treadwell Library, reported in January 1977 on the growth of the library activities and made clear the need for more space. Since expansion is not feasible at present, the GEC encouraged Miss Bastille to explore the possibility of making available for general use those books and journals that are kept in departmental libraries. A survey of department library holdings has been undertaken and was nearly completed by the end of the year. The GEC also recognized the need for greater support of the library from the research community at the MGH; late in the year some funds from the BRSG were awarded to the library to help remedy this situation.

Dr. Hermes Grillo reviewed the functions of the Endoscopy Committee. In recent years its major responsibility has shifted from education in the use and value of endoscopic procedures to review of requests for new equipment, with the aim of avoiding needless duplication and expense. A goal of the committee is to develop a prospective budget for the needs of the MGH for endoscopic equipment.

Dr. George Baker described the activities of the Utilization Review Committee (URC). He reported there had been an increase in the previous year in the number of patients for whom payment was partially disallowed, on the grounds that some or all of the hospital stay was unnecessary; a major cause of this increase was the lack of appropriate extended care facilities to which patients could have been transferred from the MGH. Another issue considered by the URC arose from an expected requirement by the PSRO for the development of profiles for individual physicians, with respect to items such as length of stay of patients with specified illnesses, or length of OR time for various procedures. It was agreed by the GEC that it would be desirable for the URC to begin to gather data on physician profiles prior to imposition of a requirement by the PSRO, in order to acquire experience with the analysis of such data. The Staff Associates later agreed with this recommendation. In recognition of his effective and vigorous service, Dr. Baker was reappointed as Chairman of the URC.

Dr. Henry Mankin reported several times throughout the year on the activities of the Committee on Teaching and Education. A new program was proposed for education of incoming residents in cardiopulmonary resucitation and other emergency procedures involving instrumentation or invasive techniques; the proposal was endorsed by the GEC. Despite busy schedules, the majority of residents had completed the program by the end of the year. Drs. Mankin and Richard Kitz presented a proposal for a combined Harvard-MIT course in bioengineering, part of which would be conducted at the MGH. The possible impact of this program on the resources of the MGH had been carefully analyzed by the Committee on Teaching and Education; reassured by this analysis, the GEC endorsed this meritorious program.

Because of limitations of space, it is not possible to review all of the other activities of the committees that report to the GEC; it is clear that their work is essential to the smooth functioning of the hospital.

There were several changes in membership in the GEC in 1977. In July, Dr. Nicholas Zervas succeeded Dr. Sweet as Chief of the Neurosurgical Service and joined the GEC. Dr. Nathan Talbot concluded his service as Chief of the Children's Service in July. His successor, Dr. Donald Medearis, became a member of the GEC in September. Dr. Hermes Grillo finished his term as representative of the Staff Associates and was replaced by Dr. John Remensnyder.

ROBERT T. McCLUSKEY, M.D.
Chairman, General Executive Committee

Report of the Committee on Research

The last year of the activities of the Committee on Research at the MGH has witnessed not only a continued strong growth in the breadth and quality of basic and clinical research in our institution, continuing the strong record of achievement of previous years despite ever-greater pressures on research funding, but also has been marked by initiation of several new activities of importance to the research community, namely, establishment of a research training program and expanded relations with industry.

Much of the essential supportive role of the Committee on Research for the research community of the hospital continues to be served effectively and devotedly by numerous members of our scientific staff on the various subcommittees of the Committee on Research; these committees perform a critical service in advice and guidance to the Trustees, the General Director, and the scientific community at a time when science at the MGH faces an ever-growing complexity of governmental and societal regulations and expectations.

The Subcommittee on Review of Research Proposals (Chairman, Dr. Michael Margolies) continues its extremely helpful function of thorough review of research proposals to outside agencies and review of merit of proposals submitted for support from the Biomedical Research Support Grant. A total of 517 applications were processed by this Subcommittee.

The Subcommittee on Review of Human Studies (Chairman, Dr. John Mills) works closely with the scientific staff and the Subcommittee on Review of Research Proposals and, with expanded participation by lay members of the greater Boston community, has grappled successfully with the challenging problems of protection of the rights of human subjects while supporting the continued strong tradition of medically-important clinical investigation at the institution.

Special task forces have served over the last 18 months to advise the membership of the Committee on Research and the Trustees about new directions concerning 1) industrial relations, 2) a training program in biomedical research for the institution, 3) research safety and biohazards, and 4) animal care. As these problems are analyzed and solutions proposed or as new directions are charted by the Executive Committee on Research (ECOR), the Subcommittee on Research Planning and Policy (Chairman, Dr. Edgar Haber) carefully reviews the numerous issues raised and provides continual advice to the Executive Committee on Research and the full Committee concerning present and future administrative and policy initiatives. Among the issues addressed, a particularly vexing problem is the adequacy of animal care facilities at the MGH in regard to new and old regulations developed by the federal government concerning housing and care of animals. Careful analysis has led to several possible solutions for facilities for animal experimentation at the MGH; the ultimate resolution, although still undecided, has been addressed through careful polling and analysis of scientific needs of the MGH research community and the possible options available to the hospital in the years to come.

The year featured a number of highly effective and well-attended lectures by distinguished scientists in programs operated under the Warren Triennial Prize Program Committee (Chairman, Dr. Paul Zamecnik) and the Subcommittee on Research Colloquia (Chairman, Dr. Paul Russell). The Warren Triennial Prize lectures were Seymour Benzer, Ph.D., Professor of Biology, California Institute of Technology—"Neurogenetics of Behavior in Drosophilia" 9/20/77; and Walter Gilbert, Dr. Phil., American Cancer Society Professor of Molecular Biology, Harvard University—"How the Lactose Repressor Recognizes DNA" 9/21/77. Four research colloquia featured addresses by Alexander Rich, M.D., Sedgwick Professor of Biophysics, Massachusetts Institute of Technology—"Viking Mission to Mars: The Search for Life" 3/23/77; Sidney Udenfriend, Ph.D., Director, Roche Institute of Molecular Biology—"Translation of Basic Research to Practical Applications" 6/2/77; Edward O. Wilson, Ph.D., Professor of Zoology and Curator in Entomology in the Museum of Comparative Zoology, Harvard University—"Biology and the Social Sciences" 9/20/77; and Jerome B. Wiesner, Ph.D., President, Massachusetts Institute of Technology—"Reminiscences on National Research Policy" 12/9/77.

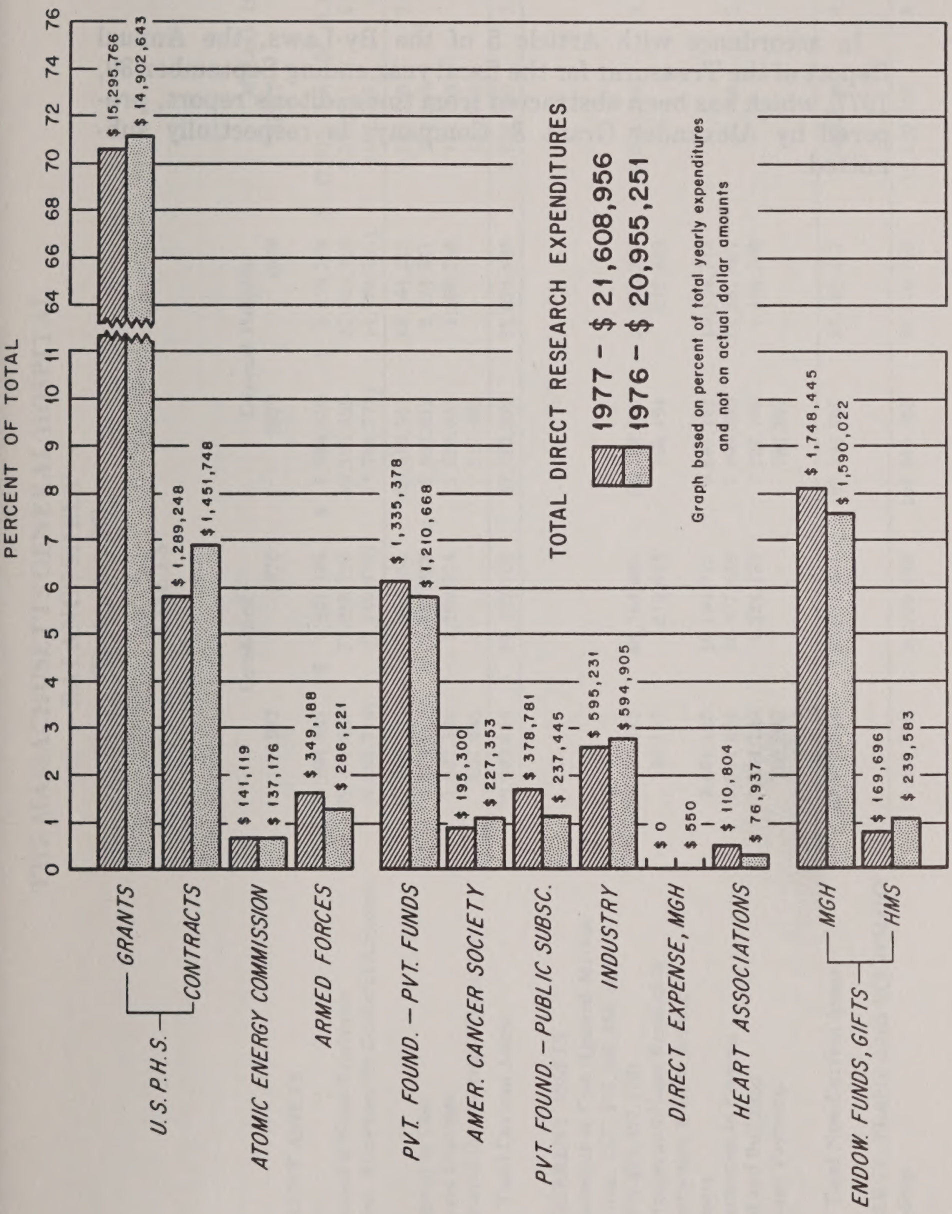
Considerable progress was achieved during the past year in the establishment of an effective program aimed at expanded and effective interactions between individual scientists and research groups at the MGH and private industry. A Patent Committee to advise the Trustees, chaired by Mr. William McCune representing the Trustees, reviewed 25 invention disclosures concerning scientific discoveries made known by individual investigators to the research office. Several patent applications have been or are in the process of being filed. The Committee has developed a number of procedures relating to reviewing the merit of disclosures, undertaking searches, filing patent applications, and coordinating with other cooperating institutions such as M.I.T. In addition, the Committee is developing an application for an Institutional Patent Agreement with DHEW.

The scientific staff at the MGH have been highly gratified at the great fortune of our institution in having the services of Dr. Ronald Lamont-Havers in his expanded role as Deputy to the General Director for Research Policy and Administration. The numerous opportunities and problems encountered in review of patentable items and extended discourse and negotiations with various industries reflect but one of the complex new assignments which Dr. Lamont-Havers has so ably directed. Mr. Marvin Guthrie of the office of general counsel has assumed with Dr. Lamont-Havers a critical role in guiding the scientific community and the Trustees in formulating and effecting a patent policy and in reviewing individual applications and specific collaborative research ventures with different industrial firms.

A great sense of renewal of scientific scholarship and excitement for the future was widely perceived by the scientific staff through the successful initiation of a research training program during the academic year 1977-1978, a program ably directed by Drs. Robert Trelstad and Harold Dvorak serving as Co-Chairmen of a new Subcommittee on Research Training, as well as a most well-attended and well-received Second Annual MGH Research Symposium. In research training, a program of longitudinal lecture courses and intense small group tutorial seminars has been initiated. The first lecture series in the fall semester, "Advanced Topics in Immunology," was extremely successful and attended by well over 100 attendees drawn from the staff, research fellows and house staff of the institution; a similar lecture series in the molecular biology of protein synthesis and gene expression is scheduled for the spring. Numerous small group tutorial seminars in immunology and molecular biology have begun or will begin the spring semester.

The Scientific Advisory Committee met at the MGH December 8-10, 1977, beginning with the MGH Research Symposium. The formal meeting was focused on a presentation to and review by the Scientific Advisory Committee of the present status of new programs in research training and industrial relations, both programs having received warm endorsement and helpful suggestions from the Committee during the two previous years' meetings, a view which was reaffirmed this year. The Committee on Research looks forward to the report of the Scientific Advisory Committee and their continuing advice and support in these new programs and related areas of scientific scholarship and research at the MGH.

JOHN T. POTTS, JR., M.D.
Chairman, Committee on Research


PERCENT OF TOTAL
0 1 2 3 4 5 6 7 8 9 10 11 64 66 68 70 72 74 76
TOTAL DIRECT RESEARCH EXPENDITURES
▨ 1977 - $ 21,608,956
▩ 1976 - $ 20,955,251
Graph based on percent of total yearly expenditures and not on actual dollar amounts
U.S.P.H.S.
GRANTS
$ 15,295,766
$ 14,902,643
CONTRACTS
$ 1,289,248
$ 1,451,748
ATOMIC ENERGY COMMISSION
$ 141,119
$ 137,176
ARMED FORCES
$ 349,188
$ 286,221
PVT. FOUND. - PVT. FUNDS
$ 1,335,378
$ 1,210,668
AMER. CANCER SOCIETY
$ 195,300
$ 227,353
PVT. FOUND. - PUBLIC SUBSC.
$ 378,781
$ 237,445
INDUSTRY
$ 595,231
$ 594,905
DIRECT EXPENSE, MGH
$ 0
$ 550
HEART ASSOCIATIONS
$ 110,804
$ 76,937
ENDOW. FUNDS, GIFTS
MGH
$ 1,748,445
$ 1,590,022
HMS
$ 169,696
$ 239,583

Report of the Treasurer

In accordance with Article 5 of the By-Laws, the Annual Report of the Treasurer for the fiscal year ending September 30, 1977, which has been abstracted from the auditor's report, prepared by Alexander Grant & Company, is respectfully submitted.

THE MASSACHUSETTS GENERAL HOSPITAL
BALANCE SHEET
(September 30)

ASSETS

	Combined		General Hospital		McLean Hospital	
	1977	1976	1977	1976	1977	1976
CURRENT ASSETS						
Cash	$ 3,104,897	$ 2,381,199	$ 6,024,010	$ 6,638,739	$ (2,919,113)	$ (4,257,540)
Accounts & Notes Receivable	35,471,850	33,088,139	30,395,339	27,069,210	5,076,511	6,018,929
Less: Allowance for Doubtful Accounts	(4,267,719)	(5,140,973)	(3,784,772)	(4,724,995)	(482,947)	(415,978)
	31,204,131	27,947,166	26,610,567	22,344,215	4,593,564	5,602,951
Inventory at Cost	2,974,813	2,787,323	2,801,012	2,624,851	173,801	162,472
Prepaid Expenses	1,981,388	1,380,075	1,870,045	1,266,758	111,343	113,317
Estimated Contractual Adjustments	637,405		517,405		120,000	
Total Current Assets	39,902,634	34,495,763	37,823,039	32,874,563	2,079,595	1,621,200
NET CURRENT ASSETS						
Investments at Cost (Quoted Market Value: 1977-$70,992,460 and 1976-$72,397,776)	67,190,311	63,764,685	65,118.727	61,536,213	2,071,584	2,228,472
Mortgages and Notes Receivable	190,191	210,693	190,191	210,693		
Construction & Debt Service Assets	9,881,162	16,154,715	9,881,162	16,154,715		
Construction in Progress	8,011,874	16,477,639	7,999,880	14,357,647	11,994	2,119,992
Land and Buildings	1,224,199	1,224,199	1,224,199	1,224,199		
Advance Payments	780,207		780,207			
Total Non-Current Assets	87,277,944	97,831,931	85,194,366	93,483,467	2,083,578	4,348,464
PROPERTY, PLANT AND EQUIPMENT						
Buildings	116,486,718	96,796,128	103,365,932	86,870,763	13,120,786	9,925,365

Equipment	32,859,557	32,737,537	27,592,969	28,013,911	5,266,588	4,723,626
	149,346,275	129,533,665	130,958,901	114,884,674	18,387,374	14,648,991
Less: Accumulated Depreciation	(38,991,349)	(35,469,403)	(31,841,025)	(28,943,010)	(7,150,324)	(6,526,393)
	110,354,926	94,064,262	99,117,876	85,941,664	11,237,050	8,122,598
Land	3,859,038	3,859,038	3,403,052	3,403,052	455,986	455,986
Total Property, Plant and Equipment	114,213,964	97,923,300	102,520,928	89,344,716	11,693,036	8,578,584
TOTAL ASSETS	$241,394,542	$230,250,994	$225,538,333	$215,702,746	$15,856,209	$14,548,248

LIABILITIES AND FUND BALANCES

	Combined		General Hospital		McLean Hospital	
	1977	**1976**	**1977**	**1976**	**1977**	**1976**
CURRENT LIABILITIES						
Current Maturities of Long Term Debt	$ 237,229	$ 220,465	$ 186,075	$ 169,400	$ 51,154	$ 51,065
Notes Payable—Bank	4,500,000	1,500,000	4,500,000	1,500,000		
	4,737,229	1,720,465	4,686,075	1,669,400	51,154	51,065
Accounts Payable	5,967,556	7,221,733	5,618,902	6,459,442	348,654	762,291
Accrued Liabilities	4,113,153	3,889,840	3,555,688	3,256,225	557,465	633,615
Estimated Contractual Adjustments		1,498,607		1,498,607		
Deferred Revenues	471,707	373,112	222,254	222,078	249,453	151,034
Total Current Liabilities	15,289,645	14,703,757	14,082,919	13,105,752	1,206,726	1,598,005
Long Term Debt						
Less: Current Maturities	37,065,865	37,303,095	35,298,806	35,484,881	1,767,059	1,818,214
Reserves						
Workmen's Compensation	555,533	533,480	555,533	533,480		

Life Insurance	11,198	10,809	11,198	10,809		
Disability Insurance	257,263	160,759	247,723	157,687	9,540	3,072
Equity in Undistributed Security Gains of Investment Pool	20,640,642	20,602,819	19,837,873	19,935,027	802,769	667,792
Fund Balances						
General Fund	15,400,410	16,021,031	13,365,933	14,857,051	2,034,477	1,163,980
Plant Fund	81,140,870	72,399,740	71,536,047	65,690,435	9,874,823	6,709,305
Building Fund	(942,122)	8,538,386	680,836	7,214,111	(1,622,958)	1,324,275
Depreciation Fund	19,145,336	13,260,643	19,145,336	13,260,643		
Unexpected Restricted Endowment Income Fund	2,316,486	2,278,911	2,287,018	2,253,033	29,468	25,878
Fiduciary Principal	795,128	763,813	790,428	760,128	4,700	3,685
Fiduciary Income	34,793	32,444	34,793	32,444		
Temporary Funds	10,577,429	6,089,036	10,021,998	6,030,651	555,431	58,385
Endowment Funds	38,836,066	37,552,271	37,641,892	36,376,614	1,194,174	1,175,657
	167,574,396	156,936,275	155,504,281	146,475,110	12,070,115	10,461,165
	$241,394,542	$230,250,994	$225,538,333	$215,702,746	$15,865,209	$14,548,248

MASSACHUSETTS GENERAL HOSPITAL

OPERATING STATEMENT

	Current Year October 1, 1976 September 30, 1977	Previous Year October 1, 1975 September 30, 1976
CENSUS		
Patient Days	350,738	357,390
Average Daily Census	961	976
Percent of Occupancy	88.65%	90.08%
(Complement-Number of Beds)	1,084	1,084
INCOME		
Routine	$ 58,892,943	$ 55,437,336
Special Services	56,932,467	51,790,207
Ambulatory Care	24,556,251	21,475,050
Other Patient & Non-Patient Income	13,431,139	14,275,533
TOTAL OPERATING INCOME	$153,812,800	$142,978,126
DEDUCTIONS FROM INCOME		
Free-Service Hill-Burton	$ 106,095	$ 100,326
Free-Service In Patient	1,721,798	1,804,086
Free-Service Ambulatory Care	2,466,258	2,141,513
Medicare Allowance	3,330,780	3,214,495
Blue Cross Allowance	150,155	1,696,400
Public Agency Allowance	1,894,634	3,162,430
WCA Allowance	61,057	265,598
Provision for Doubtful Accounts	1,131,720	1,424,845
TOTAL DEDUCTIONS FROM INCOME	$ 10,862,497	$ 13,809,693
NET OPERATING INCOME	142,950,303	129,168,433
OTHER OPERATING INCOME		
Research & Other Special Purpose Funds	44,748,388	42,396,681
TOTAL OPERATING INCOME	$187,698,691	$171,565,114
EXPENSES		
Salaries & Wages (Nurses)	$ 19,787,907	$ 18,477,067
Salaries & Wages (Other)	59,753,751	54,492,266
Supplies	25,911,206	22,949,083
Outside Services	5,310,224	4,992,631
Depreciation	5,347,248	4,577,324
Other Expenses Including Interest	30,320,263	25,395,738
TOTAL EXPENSES	$146,430,599	$130,884,109
OTHER EXPENSES		
Research & Other Special Purpose Funds	44,748,388	42,396,681
TOTAL OPERATING EXPENSES	$191,178,987	$173,280,790
OPERATING SURPLUS OR (DEFICIT)	($ 3,480,296)	($ 1,715,676)
OTHER INCOME		
Treasurer's Income	$ 2,058,113	$ 2,057,899

Less: Treasurer's Expense	400,684	347,209
NET TREASURER'S INCOME	$ 1,657,429	$ 1,710,690
SURPLUS OR (DEFICIT)	($ 1,822,867)	($ 4,986)

MASSACHUSETTS GENERAL HOSPITAL

STATEMENT OF EXPENDITURES

	October 1, 1976 September 30, 1977		October 1, 1975 September 30, 1976	
RESEARCH FUND EXPENDITURES				
Contract				
Salaries & Wages	$ 2,158,199		$ 1,877,685	
Supplies & Expenses	1,969,477	$ 4,127,676	1,881,068	$ 3,768,753
Gifts & Grants				
Salaries & Wages	$ 8,599,930		$ 8,042,966	
Supplies & Expenses	9.991,527		10,141,942	
	$18,591,457	$18,591,457	$18,184,908	$18,184,908
Miscellaneous Income	(925,860)		(1,415,546)	
Net Expenses	$19,517,317		$19,600.454	
Training Grants				
Salaries & Wages	$ 1,940,004		$ 2,132,613	
Supplies & Expenses	723,298	2,663,302	664,436	2,797,049
OTHER FUND EXPENDITURES				
Contract				
Salaries & Wages	$ 910,769		$ 685,959	
Supplies & Expenses	2,726,127	3,636,896	2,416,970	3,102,929
Other Special Purpose Funds				
Salaries & Wages	$ 1,681,045		$ 1,903,345	
Supplies & Expenses	1,906,077		1,781,181	
	$ 3,587,122	3,587,122	$ 3,684,526	3,684,526
Miscellaneous Income	1,631,143		1,165,403	
Net Expenses	$ 1,955,979		$ 2,519,123	
GROUP PRACTICE ACCOUNTS				
Salaries & Wages	$ 7,534,216		$ 6,629,210	
Supplies & Expenses	4,607,719		4,229,306	
	$12,141,935	12,141,935	$10,858,516	10,858,516
Miscellaneous Income	13,029,507		11,918,525	
Net Surplus or (Deficit)	$ 887,572		$ 1,060,009	
TOTAL FUND EXPENDITURES		$44,748,388		$42,396,681

McLEAN HOSPITAL OPERATING STATEMENT

For year ending September 30, 1977

CENSUS	1977	1976
Patient Days	101,898	100,258
Average Daily Census	279	274
Percent of Occupancy	85%	84%
Number of Beds Available	328	328
INCOME		
Routine Services	$16,858,229	$15,273,385
Ambulatory Services	1,685,564	1,429,339
Ancillary Services	2,267,257	2,433,015
Nonpatient Income	1,291,055	1,160,458
TOTAL INCOME	$22,102,105	$20,296,197
DEDUCTIONS FROM INCOME		
Free Service — Inpatient	354,079	555,231
Free Service — Outpatient	143,712	190,860
Medicare Allowance	215,265	248,743
Blue Cross Allowance	152,403	466,350
Public Agencies Allowance	43,539	123,532
Allowance for Doubtful Accounts	815,630	649,808
TOTAL DEDUCTIONS FROM INCOME	$ 1,724,628	$ 2,234,524
NET OPERATING INCOME	$20,377,477	$18,061,673
EXPENSES		
Salaries & Wages	13,818,821	12,322,853
Employee Fringe Benefits	2,461,790	1,965,665
Supplies	1,044,741	998,115
Outside Services	1,861,064	1,488,120
Depreciation	623,931	545,415
Other Expenses	445,255	630,310
TOTAL EXPENSES	$20,255,602	$17,950,478
OPERATING SURPLUS	121,875	111,195
OTHER INCOME		
Treasurer's Income	186,521	170,772
Less Treasurer's Expense	36,810	31,637
NET TREASURER'S INCOME	$ 149,711	$ 139,135
NET SURPLUS	$ 271,586	$ 250,330

GENERAL HOSPITAL AND McLEAN HOSPITAL COMBINED STATEMENT OF CHANGES IN FINANCIAL POSITION UNRESTRICTED

Year ended September 30, 1977 and 1976

	1977	1976
FUNDS PROVIDED		
Loss from operations	$ (2,831,880)	$ (1,176,719)
Charges to operations not requiring (providing) funds		
Provision for depreciation	5,971,179	5,122,739
Property tax abatement	(780,207)	
Amortization of bond discount and expenses	40,321	50,399
Nonoperating revenues, net of associated expenses	1,429,563	1,286,398
Funds provided from operations and non-operating revenues	3,828,976	5,282,817
Gifts and bequests	3,969,871	2,489,987
Revenue bonds issued	—	30,000,000
Restricted funds transferred	2,406,518	2,888,141
Decrease in long-term investments	—	198,696
Investment income	406,679	404,820
Plant funds provided by restricted funds	1,480,439	1,815,237
	$12,092,483	$43,079,698
FUNDS APPLIED		
Additions to construction and plant — net	$15,862,574	$20,190,315
Construction and debt service assets obtained (applied)	(6,233,232)	16,052,042
Increase in long-term investments	1,514,892	
Purchase of non-current assets		162,535
Reduction of long-term debt	237,230	223,087
Other		24,721
Increase in working capital	711,019	6,426,998
	$12,092,483	$43,079,698
Changes in components of working capital		
Increase (decrease) in current assets		
Accounts receivable — net	$ 3,313,281	$ (2,449,919)
Inventory	187,490	(233,705)
Prepaid expenses	597,099	635,701
Estimated contractual adjustments	637,405	(1,048,204)
	4,735,275	(3,096,127)
(Increase) decrease in current liabilities		
Current maturities of long-term debt	(16,764)	(17,885)
Notes payable to bank	(3,000,000)	9,500,000
Loans from investment pool	(910,000)	4,710,000
Due to (from) other funds	(2,528,368)	(581,883)
Accounts payable	1,254,177	(1,768,997)
Accrued liabilities	(223,313)	(630,818)
Deferred revenue	(98,595)	(188,685)
Estimated contractual adjustments	1,498,607	(1,498,607)
	(4,024,256)	9,523,125
INCREASE IN WORKING CAPITAL	$ 711,019	$ 6,426,998

THE MASSACHUSETTS GENERAL HOSPITAL
GENERAL HOSPITAL AND McLEAN HOSPITAL
PRINCIPAL AND TEMPORARY FUNDS
(September 30, 1977)

PRINCIPAL FUNDS

GENERAL HOSPITAL FUNDS

GENERAL FUND

FOR ANY HOSPITAL PURPOSE	$13,365,933

ENDOWMENT FUNDS

FLORENCE M. AGOOS MEMORIAL FUND For developing and furthering medical research and scientific medical knowledge through research and teaching. Bequest of Solomon Agoos.	$10,000
FULLER ALBRIGHT FELLOWSHIP FUND Income to support a senior Fellowship in the Neurology Service.	27,534
ARTHUR W. ALLEN RESIDENTS' TEACHING FUND Under the direction of the Chief of the Surgical Service.	77,203
PHILIP R. AND ANNE L. ALLEN ENDOWMENT FUND Income for any Hospital purpose.	80,283
LARZ ANDERSON FUND For the benefit of the Arthritic Outpatient Department.	118,721
CAROLINE BUTLER ATWOOD FUND Income for any Hospital purpose.	52,182
HENRY K. BEECHER RESEARCH FUND Income to be used for anesthesia research or such other advantages as the Trustees may determine for the Chief of the Anesthesia Department.	169,063
MARTHA B. ANGELL FUND For medical and surgical experimentation on animals to the end of saving human lives.	34,041
WILLIAM APPLEBAUM FUND Income for improvement of medical care under the direction of Chief of Medical Services.	48,639

ARCHIVES, PICTURES, AND HISTORICAL RELICS FUND The income of which shall be used for the continuous and better care of hospital archives, pictures, and historical relics pertaining to both the General Hospital and the McLean Hospital.	8,267
JOHN ASHTON FUND For diseased and wounded soldiers.	76,452
DR. EDWARD CARLETON ATWOOD FUND Income for any Hospital purpose.	627,654
JOSEPH C. AUB FUND Income to be spent for cancer investigation.	22,450
JOSEPH C. AUB AND IRA T. NATHANSON FUND Income for scholars in oncology.	250,000
W. GERALD AUSTIN CARDIOVASCULAR SURGICAL FUND Income for Surgical Service.	5,040
BAKER MEMORIAL FUND For the Baker memorial. Sundry Bequests.	838,613
BAKER MEMORIAL ASSISTANCE FUND Income to help pay the hospital expenses of such individual patients of small means as are believed to have incurred hospital expenses greater than they anticipated at the time of entering the Hospital—but not limited to such cases. Disbursements to be made on recommendation of staff member in charge of patient approved by Committee designated in will. Income may also be used to purchase apparatus suitable for handling fractures and operations.	11,485
GERARDO M. AND LILLIAN DOBIE BALBONI MEMORIAL FUND Income for a Free Bed or for any other purpose the Trustees of the Hospital may think best.	39,148
JOSEPH S. BARR MEMORIAL FUND For Research and Teaching under the direction of the Chief of the Orthopaedic Service.	59,135
HENRY K, BEECHER HONORARY LECTURESHIP FUND Under the direction of the Chief of the Anasthesia Service.	11,379
DR. EDWARD BENEDICT FUND For thoracic surgery and endoscopy under the Chief of the Surgical Service.	8,841
EDWARD L. BIGELOW FUND Income for any hospital purpose.	10,000
ARTHUR W. BLAKE FUND Income for the study and cure of nervous diseases.	25,000

EDWARD F. BLAND FUND Income to be used for the furtherance of cardiac research and related activities.	88,190
GEORGE WASHINGTON WALES BREWSTER MEMORIAL FUND Income for any Hospital purpose.	6,289
ANNIE BOLTON MATTHEWS BRYANT FUND Income for the benefit of people with moderate means for the establishment of free beds if the management believes it advisable, otherwise for general use.	72,094
MILDRED S. AND MORRIS BURSTEIN FUND Income for cardiac research.	11,573
ARTHUR TRACY CABOT FUND Income for support of laboratories.	20,000
RICHARD C. CABOT FUND For educational purposes in connection with the work of the Social Service Department.	52,453
RICHARD C. CABOT MEDICAL SCHOOL LIBRARY FUND Income to be used for the purchase of books for the Social Service Library under the direction of Chief of Social Service. Gift of American Association of Hospital Social Workers.	1,010
SAMUEL CABOT FUND FOR PATHOLOGICAL INVESTIGATION Income for salary of surgical pathologist. Gift of Samuel and Dr. Arthur T. Cabot.	10,000
CANCER RESEARCH ENDOWMENT FUND For research in Cancer.	356,863
IDA M. CANNON MEMORIAL FUND Income to be spent for Social Service in medical care under the direction of the Advisory Committee to the Social Service Department.	22,380
FRANZ WEBSTER CARTER FUND Income for any Hospital purpose.	2,904,051
EDWIN F. AND LOUISE CAVE TRAVELING FELLOWSHIP FUND Income for post-training travel for residents of the Orthopaedic Surgery Service.	168,998
MASSACHUSETTS GENERAL HOSPITAL CHAPEL FUND Gifts of "Friends of the Hospital".	7,013
ETHEL WALCOTT CHASE MEMORIAL FUND Income to be used as may be deemed best by the Advisory Committee of the Social Service Department.	1,000

MASSACHUSETTS GENERAL HOSPITAL ENDOWMENT FUND FOR THE STUDY OF CHRONIC DISEASES Fund raised by Drs. Walter Bauer, Chief of the Medical Service and James Jackson, Professor of Clinical Medicine 1951-64; income to be used for research work on chronic diseases in the Medical Department.	1,092,883
EDWARD D. CHURCHILL FUND Income to be used for the benefit of the Surgical House Staff.	25,007
CLINICAL LABORATORY FUND Income for clinical laboratory. Bequest of Mrs. Grace M. Kuhn.	10,000
CONNECTING BUILDING FUND Income for connecting building.	10,000
CONVALESCENT HOSPITAL FUND For the Convalescent Hospital.	412,019
OLIVER COPE FUND Income to support lectures preferably in the fields of Endocrinology, Surgery and the Therapy of Burns.	6,388
WILLIAM C. AND JESSIE B. COX SCHOLARSHIP FUND Income for scholarships and other aid for student nurses in the MGH School of Nursing.	243,086
NONA CULLINANE FUND Income for the use of Bunker Hill Health Center.	5,000
LORETTA JOY CUMMINS FUND For general purposes of the Hospital, but preferably for the Skin Department.	36,452
CUSHMAN FUND Income for the Social Service of the Hospital. Gift of Mrs. Charles F. Cushman.	10,000
MIRIAM F. AND ADELINE F. CUTTER FUND "To be used for women in illness, especially the aged who have been accustomed to gentle care."	10,000
JOHN CALL DALTON AND EDWARD BARRY DALTON FUND Income for investigation in the science of medicine.	35,500
CHESTER H. DAVIS FUND Income for "the care, maintenance and medical treatment of crippled and deformed children between the ages of six months and ten years."	20,000
DR. WALTER J. DODD MEMORIAL FUND Income for X-ray investigation.	32,620
BESSIE ROCHESTER EDWARDS MEMORIAL FUND Income for the care and treatment of men who have served or are serving in the armed forces of the United States of America.	66,164

Gifts of

Trustees of The Bessie Rochester Edwards Memorial Foundation	$55,914
Disabled Ex-Servicemen's Exchange, Inc.	10,250

EDWARDS MEMORIAL FUND 4,639

Until such time as the Trustees of the Hospital shall direct otherwise, the income on $100,000 to be used in such manner as said Trustees may deem proper for medical or surgical research.

JOHN W. ELLIOT FUND 20,214

Income for investigation in the science of medicine, preferably in the Surgical Department. The income may be used for other purposes in case there is no further demand in this direction.

ISABELLA H. ELLISON FUND 89,753

Income for the general purposes of the Baker Memorial.

SARAH POTTER EVARTS FUND 1,399

For psychiatric work.
Gifts of Mrs. Prescott Evarts and Dr. Helen W. Evarts.

EYEGLASS FUND 2,282

For children that are needy and do not come under any other fund. The age to cover children from kindergarten through sixth grade only — preferably for West End children.

DR. NATHANIEL W. FAXON FUND 5,000

Income only to be used for the support of the Archives, the *MGH News*, or some similar publication.

FRANCES FAY AND ARTHUR KELSEY FAY MEMORIAL FUND 25,000

Income primarily for care and treatment of persons suffering from or threatened with chronic epilepsy in cases requiring special study.
Gift and bequest of James H. Fay.

EDITH S. AND FRANCIS B. FISHER MEMORIAL FUND 80,025

To be used both as to principal and any income to purchase therapeutic appliances for needy crippled or deformed patients of Massachusetts General Hospital and to assist needy crippled or deformed patients of said hospital in adapting to the use of therapeutic appliances as directed by the Social Service Department.

NANCY M. FRASER MEMORIAL FUND 6,520

Income for scholarships to some deserving students in the School of Nursing.

FREE BED FUNDS 5,180,827

Income for free beds.
Sundry Gifts and Bequests

GEBBIE FUND For support of teacher investigators under the direction of the Chief of the Orthopaedic Service.	514,035
GENERAL SURGERY FUND Income to be used for general surgery purposes under the direction of the Chief of General Surgery. Principal expendable in need.	55,019
MRS. JOHN CHIPMAN GRAY FUND For the purchase of books in foreign languages for the use of patients.	1,000
ALLAN W. HAMILTON FUND For medical services in the Outpatient Department.	2,027
MARY K. HARRIMAN AND KATHERINE P. MATURIN FUND For Orthopaedic Research.	10,594
ABIGAIL R. HAZELTINE FUND Income unrestricted until the establishment of a cancer or incurable ward, then to the maintenance of same; principal may be applied toward a building for this purpose. Bequest of Miss Harriet S. Hazeltine.	10,000
ISABELLE ORAM HERTELL FUND For maintenance, support, and improvement of the hospital, or of its services, or in the interest of the public health.	53,154
WILLIAM HILTON FUND To be invested as a separate fund, and called 'The William Hilton Fund,' the income thereof to be applied for the support of free beds or otherwise, as the trustees shall from time to time deem best, for the poor suffering from disease or injuries.	50,054
MIRA H. HOFFMAN MEMORIAL FUND Income to be used for the general purposes of the Phillips House.	100,000
CHARLES W. HOLTZER FUND Income for general research work.	41,667
HUNTINGTON MEMORIAL RESEARCH FUND For Research in Cancer.	40,000
INCOME UNRESTRICTED FUNDS Income for any Hospital purpose. Sundry gifts and bequests.	6,143,193
JAMES MARSH JACKSON MEMORIAL FUND Income for occupational work or for general purposes. Gift through Trustees of the James Marsh Jackson Memorial Fund.	25,797
CHESTER MORSE JONES HOUSE STAFF EDUCATIONAL FUND Income only to be spent to increase the educational opportunities for the House Staff through contact with eminent men	71,218

in the field of medicine either at the Hospital or away.

DANIEL FISKE JONES MEMORIAL FUND Income to extend and improve the education of surgical residents and interns.	19,614
PHILIP C. JOSLIN MEMORIAL FUND Income for research in Parkinson's Disease.	8,680
VARAZTAD H. KAZANJIAN FUND For rehabilitation through plastic and reconstructive surgery.	689,354
CATHERINE PIERCE KELLEY FUND Income for support and maintenance of a free bed for women...aiding those who are most in need of aid. Bequest of Miss Grace Fletcher Kelley.	46,025
JOSEPH P. KENNEDY, JR. LABORATORIES FUND To bring to the laboratories the best possible research men with an interest in mental retardation.	500,000
JOHN S. KNIGHT SURGICAL RESEARCH AND EDUCATIONAL FUND Income for charitable, educational, and scientific purposes of the hospital.	166,200
EMMA GILDERSLEEVE LANE FUND For cancer research "preferring but not requiring that this legacy be kept as capital and only its income used for research in cancer."	20,000
THE ISABEL FABYAN LOMBARD FUND For the comfort and/or entertainment of nurses in the Hospital.	5,005
JOHN R. MACOMBER QUADRANGLE FUND Income for the maintenance of the Macomber Quadrangle.	5,000
MALLINCKRODT FUND Income only to be used for the support of the Mallinckrodt Ward (Ward 4) with limited discretion to the Trustees in case this support is no longer needed.	2,398,561
FRANCIS COGSWELL MANNING FUND Income for research work under the direction of Chief of the Medical Service.	52,295
CAPTAIN MARTELL FUND "The interest to be used for the annual purchase of a book or books for the Warren Library, these books to be seafaring stories with the story of Captain Martell pasted on the inside cover of each one."	121

MASSACHUSETTS GENERAL HOSPITAL SCHOOL OF NURSING GRADUATE NURSES SCHOLARSHIP FUND Income for Graduate Nurse Scholarships. Gift of Miss Annabella McCrae.	517
MARY LOU McCARTHY MEMORIAL FUND Income for education and research in radiation medicine.	14,307
ADELAIDE McCLELLAND FUND Income for any Hospital purpose.	31,273
JAMES HOWARD MEANS FUND To be used under the direction of the Chief of Medical Service primarily towards bringing to the Hospital on a pro tempore basis physicians or other prominent persons whose presence will aid and advance the work of the Medical Service.	30,150
MEDICAL ONCOLOGY DIRECTOR'S FUND To support the Director of Medical Oncology.	500,115
JAMES C. MELVIN FUND Subject to certain annuities, income for any purpose of the Corporation, with nonobligatory suggestion for increasing medical knowledge, assisting persons, particularly the young, who have had hospital treatment, bettering treatment in country districts and co-operating with the Trustees under the Will of James C. Melvin. Bequest of Mrs. Clara M. Melvin.	671,811
MEMORIAL FUND TO THE DOCTORS AND NURSES WHO DIED IN THE WAR OF 1971-18 Income for the general purpose of the Hospital, but preferably for free care of patients. Gift of Base Hospital No. 6 Fund through the Ladies' Visiting Committee.	6,189
VALERIE VEASY MILLER FUND Income for any Hospital purpose.	500,000
ALBERT G. MITCHELL FREE BED FUND Income for the treatment of cancer with non-obligatory suggestion that use of the bed to given members of the Department of Music in the Boston Public Schools, or otherwise for the use of the teachers of said schools.	21,374
MITTON FUND Income to be used for General Surgery purposes under the direction of Dr. Russell.	77,675
MIXTER FUND "...the income only to be expended under the direction of Dr. W. Jason Mixter, during his life, and thereafter by the Chief of the Neurosurgical Service."	89,365
FORRIS JEWETT MOORE AND EMMA BAKER MOORE FUND Income for Hospital uses for the alleviation of human suffering.	76,143

FANNIE EDSON MORRISON FUND "Income...for the support of the Social Service Department."	711,321
FRANCIS A. NEWELL ENDOWMENT FUND Income to be used "for the most approved method of treating hip disease due to accident in indigent children."	50,000
NORTH END DIET KITCHEN RESTRICTED FUNDS Income to provide diet for the sick poor."	11,367
NORTH END DIET KITCHEN UNRESTRICTED FUNDS "To provide diet for the sick poor."	34,717
FLORENCE NUTE FUND To be "used on behalf of patients with slender or no means with which to meet Hospital expenses." Bequest of Lewis W. Nute.	68,279
ROBERT BAYLEY OSGOOD LECTURESHIP FUND For an annual lectureship in Orthopaedics.	23,074
DR. ALICE IRENE OUTHOUSE MEMORIAL FUND Income to be used for the purchase of pediatric literature for the Treadwell Library.	530
OUTPATIENT DEPARTMENT FUND Income for needy patients.	14,105
EMERETTE O. PATCH FUND For the use of the Baker Memorial.	8,241
PATHOLOGICAL LABORATORY AND RANDALL FUNDS Income for Pathological Laboratory.	83,875
JACOB C.R. PEABODY AND ELSA MASON LORD PEABODY MEMORIAL FUND Income for the Phillips House.	79,855
ELIZABETH ANNE PETERSON MEMORIAL FUND Income to further the work of the Neurological Service.	20,678
PHILLIPS HOUSE NURSES LOAN FUND Income for loans for Phillips House nurses.	2,690
MARY GOVE PITMAN FUND FOR UROLOGICAL RESEARCH Income for investigation — *First:* Of the cause, treatment, and prevention of recurrence of urinary stones, and *Second:* Of any other pathological or physiological problems encountered in urological surgery which are deemed worthy of investigation, the decision as to their importance to be made by a Committee appointed by the Trustees of the Hospital.	21,051
MGH RADIOLOGY ENDOWMENT FUND Under the direction of the Radiologist-in-Chief.	47,294

JOHN REDMAN FUND Income for any purpose except erection or repairs of buildings.	455,113
EDWARD PIERSON RICHARDSON LECTURESHIP IN MEDICAL SCIENCE "The income to be used to provide honoraria for lectures by visiting scientists, preferably in subjects relating to surgery—" Gifts of Dr. Richardson's sons in memory of their father.	15,000
JOHN FYFFE RICHARDSON MEMORIAL FUND Income only to be spent by the Trustees on recommendation of the Chief of the Huntington Memorial Laboratories or the senior cancer investigator preferably for leukemia research or related areas of cancer research. Five percent of income to be added to principal each year until the fund reaches $400,000.	38,119
MAURICE HOWE RICHARDSON FUND Income for surgical research, as recommended by the Chief of the General Surgical Staff.	40,400
RICHARDSON TUBERCULOSIS FUND "For the prevention or cure of tuberculosis." Bequest of Mrs. Mary Rich Richardson.	276,142
MARIAN MAHIN ROBB MEMORIAL FUND Income for cancer research.	15,544
ELSIE M. ROBBINS SOCIAL SERVICE FUND For social service purposes in the Arthritis Clinic.	12,815
WILLIAM MILTON ROSE, M.D., MEMORIAL FUND Income for the benefit of worthy needy patients.	44,767
CARTER R. AND MARY M. ROWE ORTHOPAEDIC TEACHING FUND Income to support teaching and educational opportunities in the Orthopaedic Service.	67,483
MARY ELIZABETH SALTONSTALL FUND Income for the Social Service of the Hospital, "preference being given for the help and care of little children." Bequest of Philip L. Saltonstall.	5,000
MARTHA A. SARGENT FREE BED FUND Income for Free Beds in the Women's Department. Bequest of William A. Sargent.	1,092,288
SCHOOL OF NURSING SCHOLARSHIP FUND For scholarships at the School of Nursing.	43,795
CHARLES L. SCUDDER FUND Income for the Fracture Service. Bequest of Miss Elizabeth M. Garritt.	30,400
GEORGE C. AND ANNIE H. SHATTUCK FUND Income for music at the General Hospital annually on Christmas Day and Easter Sunday. Surplus income may be used for music on other days, including radio. Gift of Dr. Frederick S. Shattuck.	2,000

WALTER K. SHAW, JR., MEMORIAL FUND For medical oncology under the direction of the Chief of the Medical Service.	20,505
SHEPARD-GILL SCHOOL Income for operating Louise A. Gautzbach, Sophie K. Rousmaniere and Helen Storrow Endowment Fund under the direction of Director of School.	138,387
SHEPARD-GILL SCHOOL Armenia Young Endowment Scholarship Fund under the direction of Director of School.	5,000
SHEPARD-GILL SCHOOL Shepard-Gill Revolving Loan Fund under the direction of Director of School.	5,804
TERRY SHUMAN MEMORIAL FUND Income for additions to the Library of the Neurology Department of books on research, periodicals, reports or publications, etc.	2,070
ELSIE SKOLNICK MEMORIAL FUND Income or principal can be employed by Trustees to promote Hospital purposes or functions. Fund under direction of the Chief of Staff of the Vincent Memorial.	15,000
EMMA H. SLADE FUND For any Hospital purpose, but preferably to provide particularly for those in the middle ranks of life who need such care.	19,056
BARBARA AND MARSHALL SLOANE CANCER FUND Income for research in radiation medicine under the Chief of Radiation Medicine.	4,305
SMITH-PETERSON FOUNDATION FUND To provide medical and surgical care of indigent persons and for research in orthopedics under the direction of the Chief of the Orthopaedic Service.	219,110
SOCIAL SERVICE FUND Income for Social Service.	134,085
REBECCA W. SPINDLER FUND Income for Hodgkin's Disease under the direction of the Huntington Memorial Laboratories.	10,177
CHARLES CHESLEY SPRINGER FUND "Income for the relief of soldiers, sailors or marines who have been in the military service of the United States and who are residents of Massachusetts, and for the relief of their families. If at any time there should not be any soldiers, sailors, marines or their families requiring such relief, the income may be applied to any of the purposes of the Hospital." Bequest of Miss Mary W. Springer.	345,021
HOWARD W. AND ELIZA (PEASE) SPURR FUND Income for general purposes.	180,017

STAFF MEMORIAL FUND Income to be expended by direction of the General Executive Committee.	7,769
ISAAC STEBBINS FUND Income only to be used for the purpose of medical, surgical, convalescence, and/or health care for the poor and needy residents of Chelsea.	85,229
ROBERT H. STEVENSON MEMORIAL FUND Income to be spent by the Trustees on recommendation of the Chief of Surgical Service for maintenance and upkeep including equipment and alterations of the areas designated as the Robert H. Stevenson floor (3A) of the Gray Building.	70,000
DEWEY D. STONE FUND Income to be used for research on Parkinson's Disease.	10,317
SURGICAL INSTRUMENT FUND Income for special surgical instruments.	6,475
GEORGE N. TALBOT FUND Income for Children's Medical Department as directed by Chief of Service. Bequest of George N. Talbot and Gifts of Dr. Fritz B. Talbot.	19,595
MRS. NATHANIEL THAYER FUND Income to be used "preferably for the Social Service Department."	10,000
ANNIE A. LONGFELLOW THORP MEMORIAL FUND Income for Warren Library	4,040
THYROID LABORATORY FUND Income only for the Thyroid Laboratory.	6,613
ANGIOLINA TORCHIA FUND Income for cancer research.	82,257
TRAINING SCHOOL FOR NURSES FUND Income for Training School for Nurses. Sundry Gifts and Bequests.	41,038
TREADWELL LIBRARY FUND Income for Treadwell Library.	8,785
LAWRENCE TUCKER FUND So far as expedient for the treatment and alleviation of venereal diseases, and otherwise for the general purposes of the Hospital.	429,753
WALTER F. AND MABEL E. UNDERWOOD FUND Means for medical research for the care and prevention of children's diseases, particularly cancer.	115,493
UROLOGICAL PERIODICALS FUND Income for purchase of urological periodicals for Staff Room of Urological Ward. Gift of Dr. Channing S. Swan.	1,000

BETH VINCENT FUND Income to be used for research under the direction of the Chief of Surgical Service.	100,938
VOLUNTEER DEPARTMENT FUND Income to further the work of the volunteer services.	3,766
BERTHA K. WAGMAN FUND The income of this fund, upon recommendation of Dr. Rita Kelley, is to be spent by the Trustees for research, teaching, patient care, or anything else consistent with her wishes.	5,460
FRANCIS KNOWLES WARREN FUND Income for the general purposes of the Hospital; principal available in emergency. Bequest of Mrs. George E. Warren.	30,125
WARREN LIBRARY FUND Income for books for patients. Sundry Gifts and Bequests.	5,667
DEPENDENCE S. AND WALTER B. WATERMAN FUND "Income to be applied to the care of those who can pay something but not all." Bequest of Walter Bowen Waterman.	134,574
WETHERILL FUND Income to be used for the Wetherill Awards to graduates of the Massachusetts General Hospital School of Nursing.	2,000
EDWIN AND RUTH M. WHITE FUND Income for the support of Oncology.	63,143
GEORGE ROBERT WHITE FUND To be held as a permanent fund to be known as the George Robert White Fund, the income only to be used for the maintenance and equipment of the George Robert White Memorial building and second for the general purposes of the Hospital. Bequest of Mrs. Harriet J. Bradbury.	4,119,818
WARREN PRIZE FUND Income for a triennial prize. Bequest of Dr. J. Mason Warren.	11,890
GEORGE ROBERT WHITE FUND "Income for development or maintenance of a department for treatment of diseases of the skin." Bequest of George Robert White.	120,410
DR. JAMES C. WHITE NEUROSURGICAL FUND Income to be added to principal until the fund reaches \$5,000; thereafter 50% shall be added until the fund reaches \$10,000; and thereafter 25% to \$50,000. Income not so added to principal to be used in the interest and promotion of neurosurgery under the direction of Dr. James C. White.	7,459

JAMES C. WHITE FUND FOR NEUROSURGICAL PRECEPTORSHIP 124,464
Income for an annual lecturer and such other purposes as a preceptorship or fellowship under the direction of the Chief of Neurosurgery.

WHITEHOUSE-FOSTER MEMORIAL FUND 36,939
Income to be used by the Social Service Department for needy patients under the Director of Social Service.

GEORGE WIGGLESWORTH FUND 65,536
Ten per cent of gross income in each year to be added to principal; net income remaining for the general purposes of the Corporation.

DR. RALPH H. WILLIARD III, SURGICAL RESIDENTS' FUND 10,892
Income to be used for the Surgical Residents at the MGH under the direction of the Chief of the General Surgical Services.

MARK DOTY WILSON MEMORIAL FUND 6,643
Income for children's medical research.

WOODEN LEG FUND 7,600
Income for wooden legs and other devices for diseased and injured legs.

Bequest of Nathaniel I. Bowditch	$5,000.00
Sundry Gifts	2,600.00

TOTAL ENDOWMENT FUNDS 36,987,484

FIDUCIARY FUNDS

PRINCIPAL

BETTY DUMAINE FUND 9,949
To be held until accumulated income plus additions reach $100,000 then one-half of income to be added to principal and balance used for such Hospital purposes as Trustees deem best.

FOSTER FAMILY FUND 15,000
"Income to be used to pay the hospital bills of patients nominated by the donor or his wife. After their decease the power of nomination shall descend in succession to their oldest child living, then grandchild. Thereafter, or in case of the line of descent shall cease, the income shall be for the unrestricted uses of the Hospital."
Gift of C.H.W. Foster.

HELEN ROTCH GRAY FUND 38,036
Income to be made available to the Ladies Visiting Committee for such uses or expenses connected with the hospital as such committee shall from time to time determine.

MABEL HOVEY HARRIS MEMORIAL FUND "In Memory of Mrs. Henry W. Harris" Income to be used at the discretion of the Ladies Visiting Committee for the benefit of the Hospital and its patients. Gift of Mr. and Mrs. Edwin S. Webster.	5,375
SARAH PROCTOR JOSLIN FUND Income to be expended by the Ladies' Visiting Committee for books and other articles.	1,000
MARION LEE LAWRENCE MEMORIAL FUND Income to be administered by the Ladies' Visiting Committee, or by any subcommittee duly authorized by them, for the benefit of the Hospital and its patients. Given by "Her Family and Friends."	14,329
MASSACHUSETTS GENERAL HOSPITAL SCHOOL OF NURSING ENDOWMENT FUND Income to be used as directed by vote of the Committee created under the Deed of Gift.	551,060
FANNIE NEWELL SIMES FUND Income payable to a life interest. Gift of Miss Olive Simes.	20,000
ANNIE NORTON WARD FUND For charitable purposes connected with the Hospital pursuant to the vote of the Ladies' Visiting Committee.	1,000
KATHARYN HOYT WATSON FUND For use of the Ladies' Visiting Committee.	1,000
SUSPENSE AND SPECIAL FUNDS	50,708
TOTAL FIDUCIARY FUNDS	$707,457

BUILDING FUNDS

GENERAL HOSPITAL	$680,836

DEPRECIATION FUNDS

GENERAL HOSPITAL	$19,145,336
TOTAL GENERAL HOSPITAL PRINCIPAL FUNDS	$70,887,046

REPORT OF THE TREASURER

McLEAN HOSPITAL FUNDS
GENERAL FUND

	PRINCIPAL
For any hospital purpose	$2,034,477

ENDOWMENT FUNDS

EDWARD STANLEY ABBOTT MEMORIAL FUND For scientific investigation at McLean Hospital.	10,000
AMUSEMENT, ENTERTAINMENT OR OCCUPATION FUND Income for amusement, entertainment, or occupation of patients.	21,135
WENTWORTH HIGGINSON BARNEY FUND Income to be spent at the discretion of the Director.	7,877
MARION IRELAND BENTON TRUST Income for geriatric research.	45,171
MARION IRELAND BENTON TRUST Income for research and treatment of youngest patient group.	45,171
EMILY H. BOURNE FUND Income for the training of nurses in mental nursing and to aid in the prevention and cure of deafness.	10,000
CLINICAL RESEARCH FUND Income for research. Sundry Gifts and Bequests.	86,118
ISOBEL COLLINS SPECIAL FUND FOR THE LIBRARY OF McLEAN HOSPITAL Income for the purchase of books, music, and other things appropriate to the building up of a musical alcove for the library. Gift of Frank W. Kimball.	1,076
COWLES-TUTTLE MEMORIAL ART FUND Income for Art Room.	5,000
SAMUEL ELIOT MEMORIAL CHAPEL FUND For maintenance and operation of Chapel.	11,005
FREE BED FUNDS Income for Free Beds. Sundry Gifts and Bequests.	356,221
FREUND FOUNDATION FUND Income for activities relating to children.	5,000
CLARA McALLISTER GWALTNEY MEMORIAL FUND The income to be used by the Appleton Treatment Center for the needs of the patients.	10,000

EMILY MILLIKEN HALE MEMORIAL FUND To expedite the study of the nature and treatment of mental disorders.	154,499
INCOME UNRESTRICTED FUNDS Income for any Hospital purpose. Sundry Gifts and Bequests.	171,205
ANNABELLA McCRAE SCHOLARSHIP FUND Income for Scholarships for the School of Nursing.	34,637
MARY JESSIE WILLIS MEMORIAL FUND To establish a free bed in memory of Mary Jessie Willis, to furnish luxuries, comforts and amusements to such insane women patients as may be unable to provide the same for themselves, and generally for the uses of the Hospital. Bequest of Mrs. Frances H. Willis.	24,284
TOTAL ENDOWMENT FUNDS	$998,399

FIDUCIARY FUNDS

MARION WETHERHILL ABBOTT MEMORIAL FUND Income to be added to principal for 25 years. Bequest of E. Stanley Abbott.	$193,582

BUILDING FUNDS

McLEAN HOSPITAL	$(1,622,958)
TOTAL McLEAN HOSPITAL PRINCIPAL FUNDS	$1,603,500
TOTAL PRINCIPAL FUNDS	$72,490,546

TEMPORARY FUNDS
GENERAL HOSPITAL FUNDS

ENDOWMENT FUNDS	$ 2,287,018
FIDUCIARY FUNDS	34,793
SPECIAL PURPOSE FUNDS	10,021,998

McLEAN HOSPITAL FUNDS

ENDOWMENT FUNDS	29,468
SPECIAL PURPOSE FUNDS	555,431
OTHER FUNDS	4,700
TOTAL TEMPORARY FUNDS	$12,933,408

SUMMARY

TOTAL PRINCIPAL FUNDS	$72,490,546
TOTAL TEMPORARY FUNDS	12,933,408
FUNDS INVESTED IN PLANT	81,410,870
GAINS	739,572
TOTAL OF ALL FUNDS	$167,574,396

THE MASSACHUSETTS GENERAL HOSPITAL

GIFTS AND BEQUESTS

(For year ended September 30)

PRINCIPAL FUNDS

GENERAL HOSPITAL FUNDS

GENERAL FUNDS

		Principal
For Any Hospital Purpose		
Bequests		$ 348,785,23
Gifts		58,449.86
		$ 407,235.09

ENDOWMENT FUNDS

Arthur W. Allen Residents' Teaching Fund		
Gifts		$ 12,672.00
Lars Anderson Fund		
Gift		480.00
Henry K. Beecher Memorial Fund		
In memory of Dr. Henry K. Beecher		1,000.00
William Applebaum Fund		
Gift		200.00
Archives, Pictures & Historical Relics Fund "World War II"		
Gift		100.00
Caroline Butler Atwood Fund		
Bequest of Jane S. Atwood		1,181.56
Baker Memorial Fund		
Bequest of Rosamund Hunt	6,094.74	
Bequest of Katherine W. Gonzalez	4,210.15	
Bequest of Emily Newsholme	901.12	
In memory of Mr. Joseph Vitale	5.00	11,211.01
Baker Memorial Assistance Fund		
In memory of Mrs. Margherita Stowe		5.00
Henry K. Beecher Honorary Lectureship Fund		
In memory of Dr. Henry K. Beecher		500.00
Edward F. Bland Fund		
Gift	10.00	
In memory of Mr. Nathan Cohen	25.00	
In memory of Frances Desmond	5.00	
In memory of Mathew Piccione	130.00	
In memory of Abraham Spillberg	5.00	175.00

Cabot Educational Fund		
Bequest of Margaret G. Reilly		948.20
J. Lothrop Motley Memorial Fund		
In memory of Mr. J. Lothrop Motley		1,154.00
Cancer Research Endowment Fund-HML		
Bequest of Emily E. Weir		40,000.00
Edwin F. & Louise Cave Traveling Fellowship Fund		
Bequest of Dr. Edwin F. Cave	25,000.00	
Gifts	165.00	
In memory of Dr. Edwin F. Cave	12,547.00	37,712.00
Oliver Cope Fund		
In honor of Dr. Oliver Cope		6,406.00
Nona Cullinane Fund		
Gift		5,000.00
General Surgery Fund		
Gift		2,525.00
Mary K. Harriman & Katherine P. Maturin Fund for Orthopaedic Research		
Gift		7,500.00
Isabelle Oram Hertell Fund		
Gift		9,000.00
Mira H. Hoffman Memorial Fund		
Bequest of Eileen M. Hoffman		50,000.00
Income Unrestricted Funds-Sidney Wilder Bartlett Fund		
Bequest of Sidney W. Bartlett		665,516.40
Philip C. Joslin Memorial Fund		
In memory of Dorothy & Philip C. Joslin		25.00
Varazted H. Kazanjian Fund		
Gift		100.00
John S. Knight Surgical Research & Education Fund		
Gift		50,000.00
Cardiovascular Surgical Fund		
Gift	5,132.63	
In honor of S. Lang Makrauer	25.00	5,157.63
Walter K. Shaw Jr. Memorial Fund		
Gift		200.00
Francis Cogswell Manning Fund		
Bequest of Annie F. Selfridge		26,996.54

Mary Lou McCarthy Memorial Fund		
Gift	70.00	
In memory of Mrs. Veronica Fyrer	100.00	170.00
Unrestricted Income-General Hospital		
Bequest of Adelaide McClelland		12,530.57
Mixter Fund		
Gifts		600.00
MGH Radiology Endowment Fund		
Gifts		23,000.00
John Fyffe Richardson Memorial Fund		
In memory of Joseph Abrams	228.00	
In memory of William Levitan	10.00	
In memory of Mrs. Sarah Lotto	265.00	
In memory of Thomas Resnick	10.00	
In memory of Francis Walsh	440.00	953.00
Carter & Mary Rowe Orthopaedic Teaching Fund		
Gifts		6,100.00
MGH School of Nursing Scholarship Fund		
Gifts		495.00
Terry Shuman Memorial Fund		
In memory of Terry Shuman		50.00
Elsie Skolnick Memorial Fund		
Gift		2,000.00
Social Service Fund		
In memory of Mrs. Margherita R. Stowe		50.00
Rebecca W. Spindler Fund for Hodgkins Disease		
Gifts		525.00
Dewey D. Stone Fund for Research in Parkinsons Disease		
In honor of The Dewey Stones 54th Wedding Anniversary		200.00
General Hospital-Volunteer Department Fund		
Gifts		103.00
Bertha K. Wagman Fund		
Gift	5.00	
In memory of Dr. Albert Levine	20.00	
In memory of Dr. & Mrs. Ora H. Wagman	25.00	
In memory of Lila Slavet Yellin	5.00	55.00
Warren Library Fund		
Gift		600.00

Edwin S. & Ruth M. White Fund		
Gift		11,235.00
James C. White Fund		
Gifts		6,000.00
Whitehouse Foster Memorial Fund		
Bequest of Benjamin F.C. Whitehouse	14,128.00	
Gift	2,500.00	16,628.00
Dr. Ralph H. Willard III Surgical Research Fund		
In honor of Dr. Frederick H. Levine		20.00
Mark Doty Wilson Memorial Fund		
Gift		6,655.00
Unrestricted Free Beds		
Bequest of Sophia Penn Shaler	11,128.00	
Bequest of Eliza Ware Thayer	183,986.15	
Bequest of Mrs. Alice M. Wentworth	3,493.18	198,607.33
Shepard-Gill School-Revolving Loan Account		
Bequest of Dr. Eliot Hubbard, Jr.		1,000.00
		$1,223,342.24

FIDUCIARY FUNDS

Helen Rotch Gray Fund		
Bequest of Francis C. Gray	10,000.00	
Gift of Mr. Lloyd D. Brace	714.06	
Gift of Humane Society of the Commonwealth of Massachusetts	20,000.00	30,714.06
MGH School of Nursing Endowment Fund		
Bequest of Margaret G. Reilly		948.20
		$ 31,662.26

BUILDING FUNDS

Ambulatory Care Center		
Bequest	450.00	
Gifts	1,432.00	$ 1,882.00
Burn Unit-White 12		
Gifts		181.00
Cancer Center		
Bequests	147,982.45	
Gifts	1,641,341.10	1,789,323.55
Gray Building		
Bequests	23,838.78	
Gifts	101,674.20	125,512.98

Amelia Peabody Fund	
Gift	50,000.00
	$ 1,966,899.53

McLEAN HOSPITAL FUNDS

GENERAL FUNDS

For any Hospital Purpose	
Gifts	$ 7,165.86

ENDOWMENT FUNDS

Marion Ireland Benton Trust for Geriatric Research	
Bequest of Marion Ireland Benton	$ 2,670.57
Marion Ireland Benton Trust for Research & Treatment of the Youngest Patient Group	
Bequest of Marion Ireland Benton	2,670.56
Freund Foundation Fund	
Gift	5,000.00
	$ 10,341.13

BUILDING FUNDS

Children's Center	
Gifts	$ 42,085.00
Mailman Psychobiological Research Center	
Gifts	703,697.39
Miscellaneous Building Funds	
Gifts	10,000.00
	$ 755,782.39
TOTAL PRINCIPAL FUNDS	$4,402,428.50

INCOME FUNDS

GENERAL HOSPITAL FUNDS

TREASURER'S FUNDS

Annual Free Bed Fund		
Gift		$ 400.00
Current Expense Fund		
Bequest of Caroline E. Chickering		$ 24,388.67
Miscellaneous Funds		
Gifts		$ 37,466.75

DEPRECIATION FUNDS

Gifts and Bequests		$3,550,714.59

FUNDS FOR SPECIAL PURPOSES

Bequests	179,807.17	
Gifts	2,611,491.57	
Foundations	633,279.62	
Grants — U.S. Government	21,480,167.31	$24,904,745.67

McLEAN HOSPITAL FUNDS

FUNDS FOR SPECIAL PURPOSES

Bequests	8,655.00	
Gifts	216,665.44	
Foundations	51,625.00	
Grants — U.S. Government	2,534,613.48	$ 2,811,558.92
TOTAL INCOME FUNDS		$31,329,274.60

SUMMARY

Total Principal Funds	$ 4,402,428.50
Total Income Funds	$31,329,274.60
TOTAL GIFTS & BEQUESTS	$35,731,703.10

G. LAMAR CRITTENDEN
Treasurer

Report of Administrative Services

The activities for the year 1977 in the area of Administrative Services showed substantial progress in making organizational and management changes. It was indeed gratifying this year to see both the successful culmination of significant projects as well as the initial beginnings of new programs.

Highlighting this year's accomplishments has been the long-awaited move of the Bulfinch Medical Wards into the Bigelow Tower and the renovation of the White Building floors 8 and 10. The completed construction provides the latest and most modern facilities for 165 patients on the Medical, Dermatology, Urology and Neurology Services. As Chairman of the Project Management Group that coordinated the building and logistics of the move, it was imposing to view the 34 departments that coordinated the building preparations and transfer of patients into the new areas without disruption to medical care or Hospital routine. Not a meal was lost, a doctor's order missed, or a personal article misplaced. The total effort was a striking tribute to all of our employees.

The Department of Clinical Administration, under the Directorship of Mr. John C. J. Cronin, provided its services in the area of activity control on the patient care units with appreciated impact. Much of the year was spent in activities related to analysis of current operating systems in preparation for new management directions for the coming year. The Department also played a significant role in the logistical planning of the Bigelow Tower occupation.

The Admitting Office, under its Director, Miss Maryanne Spicer, has begun a period of immense change. In addition to processing 29,958 in-patient admissions, 7,117 Surgical Day Care patients and maintaining an overall 88.64% occupancy, the Department initiated a reorganization to provide a more personalized service to the patient and the Hospital community. The changes provide a new direction with the creation of teams of service-assigned Admitting Officers. The team approach engenders a direct link between physicians, patient and care unit. Each team is responsible to direct appointment arrangements, pre-admission screening, placement, interview and follow-up for its specific service. As an adjunct to the service teams, the Admitting Office participated in projecting bed census information for the upcoming year. These projections divided, for the first time, the total hospital bed days for the year into specific service allocations, the Admitting teams work toward objective targets for their assigned services. This has also been, for the Admitting Department, an implementation year to improve the monitoring of census activity. The change involves the transfer function of computer census input from Medical Records to Admitting. From an operational standpoint, increased accuracy and timely census information is expected for improved planning and placement of patients.

The Medical Record Department continued its fine work under the Directorship of Miss Joyce Gormley. This year, the Department increased its participation in the Medical Care Evaluation Studies and continued its intensified efforts to update the research index for the Trustees' cost accounting study.

The Communications Department, under the direction of Mrs. Evelyn Olschewski, continued to provide the essential telephone and paging networks without interruption. The growth of the service reached some 4,605 telephone instruments and 4,794 daily page calls. The Department has met this demand with increased mechanization. The first full year of operation of the computerized paging system enabled the operators to better manage the heavy volume of pages. In April, a reconfiguration of WATS trunkage with automated route selection was installed to send calls out of the Hospital by the most inexpensive line. In May, management reports issued by the Department with detailed recording of toll calls resulted in a 26% decrease in toll calls. In June, the Hospital directory was placed on computer allowing the streamlined handling of calls, as well as an automated process for reprinting the directory each year.

What began last year as a pilot program to offer patient education through closed circuit television expanded to a dedicated effort under the appropriate acronym, WMGH. Offered this year were 20 hours of prescheduled programs intended to both inform its viewers on health matters and aid the professional staff in teaching patients. Surveys taken show enthusiastic support from our patients, with 30% of the patient population watching at one time.

The Dispatch Department, under the direction of Mr. Harvey Simons, continued to improve the quality and responsiveness of its messenger services to the Hospital. This year, the long-standing work study program to employ Boston High School students was expanded to include Northeastern University Co-op students to give the service added dimension. The Department also assumed central responsibility for supply and maintenance of wheelchairs and stretchers in an attempt to better control this unweildy problem.

Under the aegis of the Assistant Director of Administrative Services, Mr. Thomas W. Schultz, an exciting new effort was undertaken in developing an Environmental Safety Development Program. It involves the formation of several Safety Committee subgroups by program discipline, which all report centrally to the main Environmental Safety Development Committee. This approach should enable the maximum representation within the organization as the hospital both develops internal safety standards and complies with external standards. Mr. Schultz, in addition, aided the members of the Ladies Visiting Committee with his administrative skills with the development and ongoing management of the new MGH Flower Shop. Since its opening in May, the Shop has proven to be more than competitive with outside commercial establishments in both arrangements and popularity.

Again, as in the past, I report my gratitude to the diligence and sense of commitment of my many fellow workers. A new feeling of cooperativeness has evidenced itself this past year as our new directions take shape. A dauntless spirit exists to continue to manage our support services under growing cost constraints and regulatory impact.

STEVEN H. KAUFFMAN
Director of Administrative Services

Report of Diagnostic Support Services

Evidence accumulated in 1977 that pervasive test volume growth is no longer characteristic of the MGH diagnostic departments and laboratories. The number of tests per admission and per patient day has been stable for the past two years in each of the major diagnostic departments. As was the case in 1976, volume growth in 1977 was confined to new technologies, rather than to expanded use of mature diagnostic techniques.

Therefore, the key management problem in the diagnostic area is to support the continued introduction of new technologies; expansion of resources for mature technologies is no longer a significant problem as it was in the 1960's and early 1970's. Nevertheless, the resources we need to allow change are increasingly limited. The impact of federal and state financial regulations is well known and has almost eliminated our ability to introduce new diagnostic capabilities simply as an additional hospital cost. Furthermore, space for new activities at the MGH is virtually nonexistent, and most of the diagnostic departments are now operating in over-taxed space.

Many of the diagnostic capabilities that were introduced in 1977 or that experienced sharp growth in 1977 offer exciting potential. For example, techniques to diagnosis and help prevent apnea and sudden infanct death syndrome emerged fully. Sound-based and pressure-based techniques for identifying vascular problems continue to improve (the use of these techniques to identify carotid artery occlusion and to gauge the likelihood of stroke is of particularly dramatic importance). New radioisotope techniques for identifying cardiac problems and for identifying the presence of thrombi emerged. Other examples of new diagnostic capabilities are numerous.

A significant portion of the dollars needed for these new and expanding tests were obtained by decreasing costs elsewhere in the diagnostic laboratory area. Our ability to identify cost reduction possibilities must be further enhanced if such resource shifts are to continue in the future. Therefore, a number of steps were implemented in 1977 to improve our understanding of departmental cost patterns, workload patterns, and our associated ability to plan and control costs. These efforts will continue in 1978, in part within the diagnostic group and in part on a hospital wide basis.

Enhancing our understanding of the real need for diagnostic testing also continues to be important. Uncovering possible overutilization of diagnostic capabilities is simple in theory but enormously difficult in practice. Two efforts stood out in 1977. First, research in the department of Diagnostic Radiology has significantly improved our understanding of the impact of CT body scanning on patient management, patient therapy, and medical costs. Second, individuals in the Bacteriology Laboratory successfully completed a pilot effort to identify and diminish unnecessary use of the Laboratory's facilities.

MYLE J. HOLLEY III
Director of Diagnostic Support Services

Report of Therapeutic Support Services

The Therapeutic Support Service departments in 1977 continued their efforts to provide the highest quality of patient care possible while remaining fiscally responsible. We upgraded services by constructing new facilities and changing the organization as well as the leadership of some departments. In one department we also experimented with a cost cutting program in order to find a realistic approach to dealing with the industry-wide problem of rapidly rising costs.

In 1977, the Therapeutic Support Services completed several major construction projects. The first phase of the Operating Room construction project was completed in June. At that time, we opened the Jackson Tower Operating Suite; consisting of five Operating Rooms plus a temporary Recovery Room. The new OR Suite is a pleasant and efficient working environment. The success of this project can be directly attributed to the committee which supervised the planning and construction of the new facilities. The members deserve a great deal of credit.

There was also new construction in the Pharmacy department, directed by Mr. John Webb. In December, we opened the Bigelow 8 Satellite Pharmacy to serve the new Bigelow patient care areas. The Satellite provides Unit Dose, I.V. Admixture, and Clinical Pharmacy Services to the Bigelow patients. The Bigelow Satellite joins the Vincent-Burnham Satellite; taking the pharmacists out of a predominantly supply distribution role; making them more visable and effective members of the patient care team.

Another major construction activity completed in 1977 was the installation of the Clinac 35, High Energy Radiation Therapy (H.E.R.T.) machine. This machine, one of only a handful operating anywhere in the world, completes the Cox Building radiation therapy equipment program, established by Dr. Herman D. Suit in the years 1971—1974. The Radiation Medicine department's activities are now consolidated in the Cox Building after several years of operating simultaneously on White 2.

There were changes in departmental leadership during 1977. Mr. Domenic Misiano was promoted to Technical Director of the Anesthesia Acute Care Laboratory in recognition of his growing managerial, as well as, technical responsibilities. Ms. Colleen Kigin was appointed Co-Director of the Respiratory Care Department; joining Mr. George West who was appointed Director of the department in 1976. Ms. Kigin and Mr. West uniquely combine the disciplines of Chest Physical Therapy and Respiratory Therapy in one department to meet the total respiratory needs of our patients.

Another new service provided in 1977 was proton therapy for cure of Arteria-Venous Malformations (AVMs). Treatments are rendered by the Proton Therapy Department staff which, under the direction of Dr. Raymond Kjellberg, treats patients on the Harvard University Cyclotron.

Hospitals cannot add new services, these days, without reducing another service because of the increasing pressure to live within cost ceilings. This year, we experimented with a system in the Anesthesia Department, under Dr. Richard J. Kitz's direction, which brought the Medical, Administrative and Financial staffs together to address the problem of how to reduce costs. Dr. Kitz established the Professional Practice Committee, chaired by Dr. Larry Krenis, to review current practice habits and suggest cost savings changes. The committee found many "painless" ways to save money and has implemented these changes. I will report to you further on this and other cost reducing efforts in next years' report.

It was possible to accomplish that which I have mentioned (plus much more), only because of the creative, competent and cooperative people in the Therapeutic Support Service departments, as well as other hosital departments. I extend my thanks and congratulations to them.

DAVID M. SEMPLE
Director of Therapeutic Support Services

Report of Management Services

During 1977, the technical resources that comprise Management Services continued to provide the Administration, management personnel, and selected clinical departments with system design, computer processing, and engineering support. It was a year in which we were able to build on existing capabilities and to work directly with many groups to develop improved systems and to provide meaningful management information.

The management support and data processing areas, under the direction of George Adler, Octo Barnett and Ernest Zunino, took as their primary objective the continued routine support of the standard business, financial, and reporting functions, but augmenting these activities with the generation of management data to be used as a quantitative base line of the services being rendered and the associated costs. In such an environment, the quality and validity of the base data become critical; as a result, increasing attention was devoted to insuring that our information is sufficiently reliable as to warrant being the basis for management decisions. A typical example was the joint effort with Administrative Services, wherein a functional reorganization was accomplished to improve the collection of information related to patient admissions, discharges, transfers, condition reporting, and bed occupancy. Changes that were implemented in the data processing environment reflected the procedural changes in the user areas, and vice versa; all changes were consistent with the common institutional goal of accurate and efficient data capture.

In the realm of business data processing, there were significant improvements associated with our cost accounting and cost reporting. This began with a revised budgeting process in the Spring, enabling department heads to develop their budgets based on quantitative summaries of their recent performance, as well as on computer projections of the future level of activity to be expected. Later, the budget reporting format was revised, such that expense categories are logically grouped and are consistent with our external reporting requirements; further, the reports highlight those expenses where budgetary problems may be occurring. In parrallel with these improvements, significant support was also directed toward the production of the voluminous cost and revenue information that is mandated by Federal and State agencies. Whereas essentially a manual operation in the past, this function is now primarily computer-based. Finally, the data processing area continued to produce consolidated reports for our cost analysis group to determine trends in hospital costs by diagnostic classification.

But Accounting and Finance were not the only areas in which systems and computer support were provided. A specialized system was designed and implemented by Data Processing and Management Engineering to collect and report manpower utilization information for all the shops under Engineering and Maintenance; this system quantitates and classifies manpower activity, with an immediate objective of improved reporting for this group and an ultimate goal of establishing computer-based preventive maintenance scheduling. For the operating rooms, basic procedures were established for computer entry of information from the Operating Room Circulator Sheets (which describe the basic characteristics of each case); as the immediate operational problems typical of a new system are resolved, it is expected that this process will provide the Hospital with improved statistics in this very important area. Because of the increasing need for access to basic patient descriptors, a system was designed and initial testing completed to provide on-line access to this core data base via selected computer terminals. At the present time, there are in excess of 2 million entries in this file. Finally, throughout the year, there was continuing support to Human Resources to assist in the evaluation of staffing and our Wage and Salary policies.

Direct clinical support services both routine and research, originate from the Laboratory of Computer Science and directly impact many ancillary support departments. By the end of 1977, the Clinical Laboratory logging and reporting project was rapidly approaching completion; this represents a major laboratory reporting system comparable to those for Chemistry and Bacteriology. The processing for Pathology, referenced in our prior Annual Report, was completed in 1977, including the billing interactions and the interface to the already operational Radiology system. Continued effort was devoted to our Concurrent Review activity, with a planned implementation early in 1978 of a magnetic tape reporting system to the Bay State PSRO.

The Medical Engineering Department, which provides engineering services under the direction of Jozef Cywinski, continued to insure the availability of properly operating medical electronic equipment. Two significant events that impact this department are the Medical Devices Acts of 1976, for which regulations are now being promulgated; and the requirements for regular maintenance services and related documentation, not only to satisfy internal standards, but also to meet the regulatory requirements of the Commonwealth and the Federal Government.

Thus, in 1977 Management Services were involved in the design, development and implementation of systems that produced not just data and numbers, but consolidated management information to improve our understanding of resource needs, resource utilization, the associated costs and the inevitable tradeoffs. As technical services proliferate, new requests for further support are articulated. The technology is now much more available for producing these services, at costs that are more reasonable. Much has been accomplished, but much still needs to be done.

In closing, my thanks goes to my colleagues in the Administration for their patience and understanding during the development of new systems, and, most especially, to the personnel in all the Management Services departments for the competent and professional support that they have provided during the year, often under trying circumstances of time and budgetary constraints.

EDWARD M. KAPLAN
Director of Management Services

Report of General Services

As the MGH continues to grow so do the demands for General Services (Engineering & Maintenance, Building Service, Security and Parking) and the past year was no exception. During the year the following areas were completed and added to the hospital functions: (1) the 7th and 8th floors of the Cox Building housing two floors of animal farms with very sensitive and complicated mechanical support equipment, and (2) the Jackson wing of Gray 3 which was formerly an unfinished area has been completed adding 7 new operating rooms and their associated support areas.

Engineering & Maintenance. In addition to the above mentioned increase in operational demands this department was involved in a considerably larger than normal amount of major operating equipment replacement and renovation, including the installation of a completely new Gray and Jackson Operating Rooms air supply system, and increased emphasis on repairs to buildings and building mechanical systems, especially as they affected energy conservation.

In the interest of hospital economy, 21 craftsmen were added to this department to be entirely used on construction projects. Of the total number of man hours available in this department about 22% was spent on general repairs, 40% on refurbishing and rebuilding, 30% on new construction and 8% on operation of the physical plan. In-house requests (Maintenance Requisitions) were about the same number as last year (12,500).

The work and time accounting system of the department has been computerized in order to more accurately account for the department's man hours spent on construction, maintenance, special projects and plant operation, and should result in better budgeting and providing management with a more accurate index of the Maintenance Department's work-demand distribution vs. the manpower available and a better means of determining when repair costs outweigh replacement costs.

Building Service. During 1977 Building Service continued to provide a wide range and high volume of services to the patients and employees of the hospital. The department exhibited its organizational strength and the high morale and dedication of its employees as it accomplished its work without a department head for most of the year. Major cleaning efforts were expended to prepare for and assist with the re-activation of the remodeled White Building floors, with the move of the Bulfinch Nursing Units to Bigelow, and with the activation of remodeled and new operating rooms. In addition, departmental responsibilities for Phillips House linen distribution, soiled patient equipment processing, and wheelchair and stretcher distribution were shifted to other departments. Early October brought a new department head and Building Services will continue to move ahead to provide a scientific, measured base to its sundry operations in order to continue to provide quality services and to contain costs.

Security. It is a pleasure to report for the second year in a row a decrease in serious incidents requiring resolution by the Security Department. However, there has been about a 10% increase in petty thefts throughout the hospital both from patients and employees which require the continued assistance of all employees to immediately report to Security any suspicious actions of employees or visitors whose presence on a floor or in a room is questionable.

The number of recorded requests for assistance over the past year was less than half those of the previous year (40,000). This undoubtedly is due in part to the expansion of our push button security call alarm system presently numbering 56 stations which summons immediate aid from Security headquarters day or night 7 days per week. There was + 1600 instances in the 40,000 calls where assistance was requested by the Emergency Ward and APS staff. The photo identification system operated by the department continues to provide a security base for employee recognition and effective night time entry control.

Parking. Although demands for parking, both for employees and visitors, continue to exceed the available capabilities, changes in parking rules and policies made in the latter part of March of the last fiscal year, plus the addition of the position of Commuter Services Coordinator whose primary responsibilities are to insure equitable administration of parking rules and policies, establish and promote a carpooling system and promote public transportation wherever practical, plus the transfer of evening shift parkers to the Longfellow Garage in the Charles River Park complex have all contributed to a marked reduction of our parking problems.

GILBERT J. NESSOLINI
Director of General Services

Report of Materials Management

This report is the third since the formulation and implementation of the Materials Management concept at The Massachusetts General Hospital. Over the past three years, we have made numerous changes in our organizational design, functions and systems, some of which have been outlined in previous reports. This year, I would like to deviate slightly and discuss what we have been doing to market the concepts of Materials Management both externally and internally.

Early in our 1976-77 fiscal year, we published "A Guide to Purchasing at The Massachusetts General Hospital". In this brochure, Mr. Thomas W. Kelley, our Director of Purchasing, presented useful information for both current vendors and those who would like our business. Our policies with respect to payment of invoices, gratuities and appointments, and a listing of what types of purchases each buyer is responsible for, all are spelled out clearly in this six-page guide. We believe this benefits the hospital by providing us new sources for procurement, in keeping price competition high, avoiding vendor complications with our policies, and finding better or equal products at a lower cost.

At the request of Mayor Kevin White, we participated in a business conference last Spring at the University of Massachusetts, Boston campus. Numerous vendors from both in and outside the Boston area were able to meet Purchasing personnel from the MGH to discuss new products and how to do business with the M.G.H. Group sessions at the conference were held, where vendors could come and find out what the MGH was all about and how they could help us achieve our goals.

Concurrent with the above efforts, we began to expand our role in the various standardization committees throughout the hospital. The purpose of these standardization committees is to select products for general use in the hospital. In the past, a vendor presented his product to the Committee for their consideration. This year, we examined what we were using and tried to find better or equal products at a lower cost in the marketplace. Also, the Committee started to consider alternative products in case the currently used product became no longer available. The standardization committees play a vital role in maintaining the best quality of patient care we can provide. By working together to reduce unnecessary cost and acquiring the best product to meet our needs, we maximize the utility of the funds we have to work with.

A series of articles was published in our in-house newspaper, "The MGH Hotline". To familiarize the hospital departments with Materials Management concepts such as value analysis and give recognition to those who had used these concepts to save money was the primary purpose of these articles. For some departments, we went beyond these articles and provided a seminar detailing the establishment of a par level system, systems contract techniques and usage control.

To reduce costs and improve the quality of health care products is as difficult to sell as it is to achieve. Individuals can become anxious if they believe that Materials Management efforts will have a negative impact on the high quality care they deliver. We hope these efforts will help communicate our message more clearly. We are a service department that specializes in materials acquisition, distribution and control. We would like to be used as a resource to help departments find new products, reduce cost, make better use of their storage space, and free up technical and professional personnel from these tasks. The confidence that the hospital departments have in the ability of Materials Management to deliver has a direct impact on the utility of Materials Management to the MGH.

What we have done this year to market ourselves is only in the beginning stages. Departmental awareness of what we have to offer must continue for years to come. The Standardization Process, while recording some major accomplishments, needs to be expanded and improved upon. I think we have the talent and resources to accomplish these objectives. More importantly, there is growing momentum in several departments to improve products and reduce cost. This year hopefully we will see a union between the departments' needs and Materials Management resources.

RANDALL P. McDONNELL
Director of Materials Management

Statistical and Comparative Tables

MGH CLINICS

	New Cases	Total Number of Visits	Daily Average	Total Number Prescriptions Filled
1965	13,498	210,304	696	157,252
1966	14,218	212,607	704	168,338
1967	14,504	226,207	749	176,013
1968	15,846	237,792	782	178,744
1969	15,958	236,194	780	189,133
1970	10,090	180,066	596	186,168
1971	11,640	190,738	629	203,248
1972	10,595	190,854	628	205,505
1973*	10,744	212,846	704	214,272
1974*	11,350	226,553	747	205,272
1975**	13,224	349,519*	1,153	205,092
1976**	22,071	375,063	1,237	205,121
1977	48,440	431,898	1,435	171,851

*Statistics include Staff Clinic and School of Nursing Health Services.

**Statistics include Social Service Visits.

BUNKER HILL HEALTH CENTER
CHELSEA HEALTH CENTER
Patient Registration and Encounter Data

	Bunker Hill Health Center		Chelsea Health Center	
	New Reg.	Encounters	New Reg.	Encounters
1969	3,422			
1970	4,065	21,894*		
1971	3,442	46,931**		
1972	3,872***	49,605***		
1973	2,571	49,790	1,643	9,255
1974	2,436	50,914	6,200	18,600
1975	1,520	53,222	3,787	23,460
1976	2,382	53,089	2,873	27,316
1977	2,094	56,052	2,133	28,912

*Includes figures from first three quarters, 1970, only.

**Beginning third quarter, 1971, encounter data is an estimate based on a random sample of encounter forms for each time period.

***Includes Chelsea Health Center.

INPATIENT STATISTICS
ALL PATIENTS

Fiscal Year	Admissions	Patient Days	No. of Beds	Average Daily Census	Percent Occupancy	Discharges (Inc. Deaths)	Average Length of Stay
1970	28,284	360,538	1077	988	91.72%	28,322	12.73 days
1971	28,675	353,032	1070	967	90.39%	28,863	12.23 days
1972	29,675	341,947	1084	934	86.19%	29,757	11.49 days
1973	30,014	348,524	1084	955	88.09%	29,951	11.64 days
1974	30,173	352,074	1084	965	88.98%	20,274	11.63 days
1975	29,997	353,325	1084	968	89.30%	29,990	11.78 days
1976	30,669	357,390	1084	976	90.08%	30,687	11.65 days
1977	29,958	350,738	1084	961	88.65%	30,070	11.66 days

OPERATING ROOM STATISTICS

Fiscal Year	Inpatient Operations	Surgical Day Care Unit Operations	Total Operations
1976	17,680	—	17,680
1971	18,108	—	18,108
1972	18,207	—	18,207
1973	17,839	1587	19,426
1974	18,911	2871	21,782
1975	18,397	4283	22,680
1976	19,344	5088	24,432
1977	18,974	6196	25,170

PRIVATE INPATIENT STATISTICS

Fiscal Year	Admissions	Patient Days	Average Daily Census	Discharges (Inc. Deaths)
1970	4335	55,903	153	4380
1971	4265	52,965	145	4337
1972	4048	46,510	127	4107
1973	4258	49,018	134	4294
1974	4048	48,974	134	4151
1975	4049	49,578	136	4153
1976	4101	50,262	137	4223
1977	3870	48,417	133	4053

SEMI-PRIVATE INPATIENT STATISTICS

1970	11,966	166,170	455	12,006
1971	13,552	170,317	465	13,689
1973	14,332	178,823	490	14,370
1974	15,275	190,275	521	15,329
1975	15,057	188,176	516	15,087
1976	15,398	194,921	533	15,478
1977	15,264	190,842	523	15,332

SERVICE INPATIENT STATISTICS

1970	11,983	138,465	379	11,936
1971	11,876	132,400	363	11,936
1972	12,075	125,120	342	11,961
1973	11,424	120,683	331	11,287
1974	10,850	112,825	309	10,794
1975	10,891	115,571	317	10,750
1976	11,170	112,207	307	10,986
1977	10,824	111,479	305	10,685

AMBULATORY CARE DIVISION

COMPARISON OF ANNUAL STATISTICS FOR YEARS ENDED 9/30/76 AND 9/30/77

	Year End 9/30/77	Year End 9/30/76	Increase (Decrease)	PerCent Change
Medical Clinics Complex	82,689	78,790	3,899	5.0
Psychiatric Ambulatory Care	35,818	32,675	3,143	9.6
Pediatric Ambulatory Care	29,133	25,561	3,572	14.0
Dermatology Ambulatory Care	40,365	31,788	8,577	27.0
Neuromedical Ambulatory Care	6,650	6,303	347	5.5
Surgical Ambulatory Care	13,917	13,872	45	.3
Orthopedic Ambulatory Care	16,965	16,674	291	2.0
Urology Ambulatory Care	5,438	5,379	59	1.0
Gynecology Ambulatory Care	7,848	7,329	519	7.1
Neurosurgical Ambulatory Care	787	813	(26)	(3.2)
Oral Surgery Unit	6,847	6,941	(94)	(1.2)
Nutrition Service	2,482	2,615	(133)	(5.1)
Language Unit	8,534	8,511	23	.3
Thyroid Unit	1,711	1,777	(66)	(3.7)
Cox Ambulatory Service	13,478	12,455	1,023	8.2
Medical Oncology	10,278	10,567	(289)	(2.7)
Staff Service	18,176	15,679	2,497	16.0
Medical Social Service (cases)	10,024	9,531	493	5.2
Rehabilitation Service	343	364	(21)	(6.0)
Total Annual Visits	311,483	287,624	23,859	8.3

THE DEPARTMENT OF DIAGNOSTIC RADIOLOGY

EXAMINATIONS COMPLETED

Location	**Total Exams**
White 1 Unit Examinations	67,363
Baker 2, White 2 & Clinic Examinations	88,188
Baker 1 Ambulatory Unit Examinations	26,829
Gray Admitting Unit Examinations	11,085
Phillips House Unit Examinations	2,193
Angiography Examinations	4,829
Neuroradiology Unit Examinations	11,919
Nuclear Medicine Unit Examinations	9,365
Operating Room & Gray 3A Day-Shift Examinations	13,915
Other	626
Total	236,332

RADIATION MEDICINE
(RADIATION THERAPY)

Treatments	1977	1976
In-Patient	5,817	5,930
Eye & Ear Patients	99	238
Private Ambulatory	55,918	47,905
Boston University Cobalt & Betatron	—	1,330
TOTAL	61,834	55,403
Total No. of Patients Registered	1,486	1,417
Total No. of Treatment Series	2,003	2,023
Super Voltage Treatments	59,712	48,782
Ortho Voltage Treatments	2,122	5,291
Follow-up Examinations	3,551	4,287
Consultations	1,033	841
Radium & Iridum Implants	130	145
P32 Injections		15

REHABILITATION MEDICINE DEPARTMENT

Treatments Given:	1977	1976
Outpatient	7,934	8,250
General Hospital (Inc. E&E)	20,242	16,222
Phillips House	4,339	3,376
Baker Memorial	13,729	14,376
Private Ambulatory	8,393	7,334
TOTAL TREATMENTS GIVEN	54,637	49,561

Report of the Medical Services

The big event for the Medical Services which dwarfs all others in a very busy and productive year commenced July 16, 1977 when we moved out of the Bulfinch Building into elegant new quarters on four floors of the Bigelow Building. Leaving the Bulfinch Building after 156 years of continuous occupation was not accomplished without a few tears and ruptured sentimental ties but it really was time for a change.

In the new Bigelow facility we have the same 87 beds we had in the Bulfinch Building but these are now distributed spaciously in about 3 times the total space. There are 18 general medical beds on each of Bigelow 6, 7 and 9th floors. There is an 18 bed Intensive Care Unit on Bigelow 8 which has 8 coronary care and 10 non-Coronary Care intensive beds. Fifteen additional beds are located contiguously on White 8 sharing that floor with Dermatology. All rooms are either single or double so that they qualify as private or semiprivate accommodations.

The patient care beds are supported by adequate teaching and administrative space which is proving a real blessing. There are two small conference rooms on each floor. The Walter Bauer Library has moved to Bigelow 6 and the Staff Room to a spacious area on Bigelow 7. In addition, administrative offices for the Medical Services are located on Bigelow 6 and of Medical Nursing Service and Medical Social Service on Bigelow 9.

The move to the Bigelow Building has permitted us to initiate some much needed reforms in our House Staff Training Program to the benefit of residents and patient care. In the Bulfinch we had four teams of residents caring for the patients there. Each team had beds on the second floor of the Bulfinch but also had responsibility to care for their very sick patients admitted to or transferred to the Intensive Care Unit on Bulfinch 3. This schizophrenic responsibility resulted occasionally in neglect of some problems among the less critically ill patients on the lower Bulfinch services and sometimes less than optimal care and teaching in relation to the very sick patients in the Intensive Care Unit. With the new facilities we still have four teams of House Staff but one is assigned to the new Intensive Care Unit on Bigelow 8. This team can devote its full attention to the very sick patients there while the other teams no longer are distracted from the urgent and important problems of their less critically ill patients. The 15 bed Unit on White 8 which is contiguous with the Intensive Care Unit serves as a "step down" facility in which patients from the Intensive Care Unit can be followed after their need for the facilities of the Intensive Care Unit are no longer present. The Intensive Care Unit team of Visiting Physician with House Staff care for these patients thus minimizing disruption of continuity of care for patients within the

Medical Services in that the same team of physicians can provide the professional care for each patient throughout his or her period of hospitalization.

In our efforts to bring patient care up to one single high standard of care throughout the Medical Services the new Bigelow Medical Service is a "private service". For the several years prior to the move we have been increasing the supervision of the House Staff in the Bulfinch. Initial concerns that this might encroach upon the decision-making and responsibilities of the House Staff in the care of patients has given way to the universal feeling among House Staff and Visiting Physicians that the program has been strengthened. The Visiting Physician knows the patients on his or her service much better than in the past, follows each more closely but supervises rather than mandates the day to day care so the teaching for the House Staff is improved; teaching has increased and patient care has improved. The commitment by the Attending Staff of time and effort to their role as Visit has greatly increased but the experience is so rewarding that to be a Visiting Physician on the Bigelow Service remains a highly regarded distinction. In the first six months of operation of the private Bigelow Medical Service there have been problems of adjustment but it seems that the "magic" that has made the Bulfinch a most desirable training site for so many years has happily moved with us to the new Bigelow facilities! Occupancy of the Bigelow Service from the first week it opened has been so high as to auger well for the future.

ALEXANDER LEAF, M.D.
Chief of the Medical Services

Report of the Dermatology Service

The Dermatology Service provides efficiently individualized outpatient care in an academic environment through Dermatology Associates, a "privatized" service, established in 1976. A senior staff physician supervises all the 9 general dermatology sessions as well as specialized sessions for Surgical Procedures, Pigment and Light problems and Contact Dermatitis. Two nurse practitioners, trained to perform a number of diagnostic procedures, are also involved in the management of patients, in addition to screening Emergency Ward patients prior to the evaluation by a staff physician. The population of patients using our facilities has increased from 14,727 in 1976 to 19,398 in 1977, approximately a 25% increase since the establishment of the Dermatology Associates.

The Genito-Infectious Disease Clinic is a combined effort of the Massachusetts General Hospital and the state Department of Public Health to provide the best of care to patients with venereal disease; it provided service to 7,200 patients while serving as a teaching resource for residents and medical students.

The Tumor Clinic which was established for the treatment and follow-up of patients with non-melanoma skin cancer (largely basal cell and squamous cell carcinoma), continues to grow, a total of 1,200 patients being seen there last year.

The Phototherapy Unit provides ultraviolet light therapy for light-responsive dermatoses. Since the inception of the program, approximately 600 patients have received oral methoxsalen photochemotherapy (PUVA), 400 of whom are being treated at the present time. Diseases responding to PUVA include psoriasis and related papulosquamous diseases, mycosis fungoides, exzema and polymorphous light eruption. In March of 1977, a comprehensive report on the PUVA program was sent to the FDA.

The Pigmented Lesion Clinic is a multi-disciplinary clinic, attended by dermatologists, dermatopathologists, general surgeons, and immuno-oncologic surgeons, for the comprehensive care of patients with malignant melanoma and the evaluation of patients with pigmented lesions. In the past year, the 617 patient visits represent a 27% increase over those of the previous year. The Melanoma Research Unit continues to collect data on patients with primary malignant melanoma and has begun the acquisition of data on lesions which may be precursors for malignant melanoma. It is linked with similar units at Temple University, New York University, and the University of California at San Francisco, in a national cooperative study of cutaneous malignant melanoma. Efforts continue on the analysis of the natural history and prognostic parameters of the 1,130 patients with primary malignant melanoma entered into the study.

Through collaboration, patients with high risk primary malignant melanoma are put on adjuvant immuno-chemotherapeutic protocols. Through epidemiologic studies funded by the Environmental Protection Agency, we continue to evaluate the role of sunlight and other factors in the genesis of this tumor. Committed to public and physician education, the unit is developing instructional materials on the early recognition and the histopathologic diagnosis of malignant melanoma under a contract with the National Cancer Institute.

The Dermatopathology Unit, a joint effort of the Dermatology and Pathology Services, has been fully accredited during 1977 by the American Medical Association for the training of residents in dermatopathology. Additionally, the unit offers training opportunities and service in the study of immuno-fluorescence of the skin in the diagnosis of disease. During 1977, Dr. Martin C. Mihm, Jr., Director of the Unit, was invited as the first Visiting Dermatopathology Professor to several universities throughout Japan including the Universities of Tokyo, Nahoya, Kanazawa and Kyoto.

During the summer of 1977, the Dermatology Inpatient Service was relocated on White 8 after the floor had been completely renovated. The modern facilities provide an optimal environment for patient care with such amenities as air conditioning, private or semi-private rooms for 10 patients, adequate lighting as well as an adequate physical plant for all dermatologic procedures required in an inpatient ward. There is a constant waiting list of patients and the service badly needs at least 5 additional beds.

Research acvitities in the department include those of Dr. Howard Baden's unit which deals with differentiation of the epidermal cell and most particularly the composition and formation of structural proteins. The combined clinical and laboratory investigation of a number of genetic disorders of keratinization has led to a better understanding of the pathogenesis of certain of these, and the development of improved method for the management of the ichthyosis.

Research in the Photobiology Unit continues to grow in the areas of photobiology and photochemotherapy, physical, optical and photobiologic properties of skin and photoimmunology. Solar radiation is a most important element in our environment and the scope of its biophysical and biologic effects is only now being recognized. The program in this unit has achieved considerable success in the application of quantitative measurements to both normal and abnormal reactions of man to solar radiation. Examples include the dose and the spectral response of the human skin sunburn reaction, the time course of skin photosensitization reaction with oral methoxsalen and UV-A therapy, the mode of pigmentation induced by sunlight and the classification of human skin into six reactive types to establish their acute and chronic responses to solar radiation (e.g., skin cancer, aging, etc.).

Percutaneous absorption continues to be the major interest of Dr. I.H. Blank whose laboratory is studying the effect of substitutions in the benzene ring of penetration. Additionally, he is collaborating with the Photobiology Unit in studying the sorption and the disorption of substances used as sunscreens and aiding in the study of the effect of those substances which, as surface applications, can decrease the absorption of ultraviolet radiation.

THOMAS B. FITZPATRICK, M.D.
Chief of Service

Report of the Psychiatry Service

In 1977 the Psychiatry Service expanded activity in education and training while maintaining its extensive commitment to clinical service and research. The mission of the service remains the providing of maximum service to the hospital and community.

There were several major changes in personnel this year. Dr. Gerald Klerman began a leave of absence from his academic duties to assume the position of Administrator of the Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) in Washington. Drs. Seymour Kety and Ross Baldessarini completed the movement of the Psychiatric Research Laboratories to the Mailman Research Center at McLean Hospital in Belmonts. Dr. Ned Cassem has been appointed Director of the Consultation/Liaison Service.

New Directions

In the past year there was continued emphasis on the expansion of post-residency education and training.

1) The Fellowship Program in Psychosomatic Medicine and Consultation/Liaison Psychiatry has been strengthened and expanded this year under the direction of Dr. George Murray. The support for this activity comes from a special grant from the education branch of NIMH. The number of fellows has been increased from two to three. The fellowship program enriches other areas of clinical and research activity, especially the residency program.

2) The Committee on Postgraduate Education has expanded the number of courses offered and the scope of subjects covered. The annual two week comprehensive review course was well received by participants from all sections of the country. Additional three day courses were given in Emergency Psychiatry, Psychopharmacology and Death and Grief. Finally, a year-long longitudinal extramural course has begun at the Augusta Mental Health Institute in Augusta, Maine. Dr. William Anderson directs these efforts.

3) The Department's Somatic Therapy Newsletter, edited by Alan J. Gelenberg, has taken on a new format and name. It is now called Biological Therapies in Psychiatry and distributed on a monthly basis by subscription.

Clinical Services

1) Outpatient division: The psychiatry service of the ambulatory care division continues its commitment toward the goal of providing equal, rapid consultation and treatment for patients regardless of means. The Acute Psychiatry Service continues to provide a large number of consultations to the Emergency Department.

2) Consultation, Liaison and Psychosomatic Services: The number

of consultations and the capacity for follow-up has been increased over the past year by the addition of one fellow and an increase in staff members with special interest in the interface of medicine and psychiatry.

3) Inpatient services: There is a persistent critical need for an increase in available space for evaluation and acute treatment of psychotic patients. Less than half of the patients we see in consultation who require emergent hospitalization can now be accommodated. The ward at the Erich Lindemann Mental Health Center continues to provide care for a catchment area of 172,000 people with thinly stretched resources.

Research Activity

The Psychiatry Service continues its involvement in a wide variety of basic and clinical research projects.

1) Basic Research: The departure of the research group headed by Dr. Syemour Kety has left a gap in our work in neurochemistry and psychopharmacology. A search committee has been actively ingestigating possible candidates for the position of director of the psychiatric research laboratories.

The neurophysiology laboratory on Warren 6, headed by Dr. Warren Foote, continues to investigate the indoleamine pathways in the visual system of the cat.

2) Clinical Research: Each of the clinical units conducts ongoing research and evaluation in its area of specialization. The Special Studies Clinic, headed by Dr. Alan Gelenberg, is currently investigating antipsychotic and antidepressant drugs and their side effects. The Acute Psychiatry Service continues to study diagnostic features of delirium and rapid treatment of acute psychosis. The Psychosomatic Service is now in its tenth year of study of stress in myocardial infarction.

Teaching

The training of residents has long been the major thrust of the teaching efforts of the service. We continue to be satisfied with the high quality of applicants to our program. The core curriculum is being adjusted to reflect the changing needs of training in a discipline where progress has been so rapid.

We continue to provide the psychiatric input to the training of residents in the primary care track of the medical service. The training of medical students continues to be an area of major interest We are pleased to note that students from all areas of the country have elected to take clerkships with us.

It is our intention to expand our commitment in the area of postgraduate education. The need for courses of recognized quality and utility is clearly on the increase. This remains a highly challenging area in view of the large number of courses available nationwide and the paucity of data to indicate the areas of greatest need and the techniques with most effectiveness.

THOMAS P. HACKETT, M.D.
Chief of Service

Report of the Surgical Services

It is gratifying to report that the Surgical Services maintained a pattern of expansion and development in 1977.

The general surgery residency program continued to evolve under the direction of Dr. Leslie W. Ottinger, with several changes being instituted to align the program more appropriately with in-hospital training opportunities and to provide better balance in the education of each resident. Twelve first-year residents were accepted—six from Harvard University, two from Johns Hopkins University, and one each from Columbia University, Duke University, Loma Linda University, and the University of Pennsylvania. Seven residents completed training requirements for certification by the American Board of Surgery. To provide all senior residents with a rotation to a community hospital, an affiliation was established with the Waltham Hospital, which brought the number of such affiliated hospitals to three.

The ward services remain the core of the residency program, and the continued excellence of these services reflects the support of the medical as well as the surgical staff. The major source of admissions continues to be the Emergency Ward, but many patients are also transferred from the medical service or are admitted from the surgical clinics as well as from the MGH community health centers.

In the area of undergraduate education, "Introduction to Clinical Medicine" continued to improve as reflected by evaluations from students, instructors, and the Alumni Survey Committee; the course was given twice in 1977 to a total of 57 students. The surgical coordinators, Drs. John M. Head and Chiu-an Wang, are developing the course further into a graduated experience starting with the basics of physical diagnosis and leading to the management of both inpatients and outpatients. In the "Core Clinical Clerkship in Surgery," under the direction of Dr. J. Gordon Scannell, emphasis was on a close relationship with the resident staff as well as on conferences with members of the visiting staff on a large variety of medical subjects. A very productive joint conference on surgical pathology was developed with Dr. Alan L. Schiller.

A total of 24,755 operations were performed at the MGH in 1977. More patients were operated on in the Transient O.R. than in the previous year; these patients represented just over 30% of all those who underwent operation. This one-day care resulted in savings because of both the elimination of hospitalization and the lower costs associated with running the Transient O.R.

Construction of four additional regular operating rooms and an enlarged recovery room is on schedule and should be completed by June 1978. This will be followed by expanded intensive care facilities. These improvements should significantly reduce the number of elective operations performed after 5 p.m.

The steady growth of the General Thoracic Surgical Unit, headed by Dr. Hermes C. Grillo, reasserted the traditional role of the MGH as a referral and teaching center in this field. This can also be said for the Division of Endocrine Surgery, under the direction of Dr. Chiu-an Wang. A significant accomplishment in the endocrine unit was the performance of needle biopsy of the thyroid in more than 200 patients—the largest number to undergo this procedure in one year at any medical center in the United States.

The Cardiac Surgical Service, led by Dr. Mortimer J. Buckley, continued its research efforts in the clinical and laboratory areas. Clinically, extensive research was accomplished on the management of patients with acute ischemia. Evaluation of intra-aortic balloon pumping in these patients showed not only a lower mortality but also a substantially lower incidence of intraoperative and postoperative infarctions, a finding unequalled elsewhere in the United States.

In addition, the mortality associated with coronary artery surgery was significantly reduced, and follow-up studies on survivors of previous coronary artery surgery revealed a very low annual mortality. Research studies extensively evaluated various means used to protect the myocardium during ischemia. The unit was pleased with the addition to its staff of Dr. Cary W. Akins. We are all very proud of Dr. M. Terry McEnany, who left to become professor of surgery at Brown University and surgeon-in-chief at the Miriam Hospital, Providence, Rhode Island.

The members of the Division of Gastroenterological Surgery, led by Dr. Ronald A. Malt, continued to be very active clinically and educationally. Laboratory investigations contributed to the recognition of more sensitive tests for pancreatitis, the role of amino acids in the genesis of hepatic coma, the mechanisms by which the bowel compensates for lost length, and the factors that predispose to cancer of the colon.

The Transplantation Unit, led by Dr. Paul S. Russell, performed 28 kidney transplants. Appropriate patients were involved in continuing efforts to improve immunosuppressive treatment by randomized trials of several therapeutic approaches. The problem of preimmunization of transplant recipients to transplantation antigens was also studied.

The number of patients treated by the Hyperalimentation

Unit, directed by Dr. Josef E. Fischer, increased to approximately 120 per month. Phase 1 clinical trials of a solution for the nutritional support of patients with hepatic disease were completed, and another solution for patients with renal failure was approved for release to the national market by the Food and Drug Administration.

The Burn Service of the MGH and the Shriners Burns Institute, headed by Dr. John F. Burke, continued to concentrate on the treatment of severely burned patients throughout their entire illness. Burn research progressed in four main areas: metabolic alterations after trauma, wound healing during stress, pulmonary burn injury, and cardiovascular responses during burn shock. An ongoing coordinated effort funded by the Consumer Product Safety Commission was put forth to develop an educational program to reduce the incidence of burn injury.

In the area of cancer treatment, a randomized prospective study showed chemo-immunotherapy to be more beneficial than chemotherapy alone to patients with resected high-risk melanoma. Under the co-direction of Drs. William C. Wood and Alfred M. Cohen, laboratory research maintained and expanded its focus on immunodiagnosis.

Honors in 1977 included the following: Dr. Claude E. Welch, President of the American Surgical Association; Dr. W. Gerald Austen, President of the American Heart Association; Dr. J. Gordon Scannell, President of the American Association of Thoracic Surgery; Dr. Gordon A. Donaldson, President of the New England Surgical Society; Dr. Grant V. Rodkey, Vice-president of the Massachusetts Medical Society; Dr. John F. Burke, Secretary/Treasurer of the Boston Surgical Society; Dr. Josef E. Fischer, Recorder of the Association for Academic Surgery; and Dr. Ronald A. Malt, member of the board of the American Board of Surgery.

I would like to express my gratitude to the Surgical Staff, the Surgical Resident Staff, the other services at the MGH, the Department of Nursing, and the Administration for their outstanding cooperation and support throughout 1977.

W. GERALD AUSTEN, M.D.
Chief of the Surgical Services

Report of the Neurosurgical Service

The past year was an eventful one in the history of Neurosurgery at the Massachusetts General Hospital. It marked the completion of the distinguished tenure of William H. Sweet as Chief of Service. His long association with this hospital began in 1932, when he served as an extern on the Medical and Surgical Services. He was later a resident in Neurosurgery and following World War II joined the staff of this hospital. Dr. Sweet's dynamic leadership made the Service an international center in training, patient care and research.

With the shift of administrative responsibilities for the Service, a new team has been organized to maintain these excellent traditions.

Dr. Robert G. Ojemann, Associate Chief of the Service and Director of the Neurosurgical Intensive Care Unit, has brought together a coordinated team to deal with particularly difficult neurosurgical problems. He has guided Dr. Robert M. Crowell in developing a program in neurovascular surgery. Dr. Crowell has assumed responsibility for aneurysm and by-pass surgery at this hospital and is now participating in a nationwide cooperative study of cranial by-pass surgery to assist patients with impending cerebral ischemia. Dr. Robert N. Kjellberg has continued to employ the cyclotron to deal with discrete intracranial lesions and has recently documented the remarkable effectiveness of this instrument in managing inoperable arteriovenous malformations. He is also seeking to expand the use of the cyclotron to treat other brain disorders that might respond to small focal lesions. Because of his preeminence in this field, Dr. Kjellberg was recently chosen by the United States State Department as a representative to attend an international symposium for medical uses of the cyclotron in Moscow last year. Dr. H. Thomas Ballantine, Jr. has established a small group to provide comprehensive evaluation of patients with affective disorders who are candidates for cingulotomy. He has also taken a major leadership role in Blue Shield and as a trustee of the American Medical Association; he is President of the Commonwealth Institute of Medicine. He is now devoting a major portion of his time to the problem of expanding medical costs. Dr. Charles E. Poletti is working actively to maintain the tradition of pain management and research begun by Drs. James White and William Sweet. Dr. Paul H. Chapman is Director of Pediatric Neurosurgery and has worked very diligently to build a comprehensive service together with members of the Neurology Service. Dr. Paul L. Kornblith continues to devote himself to experimental and clinical facets of brain tumor research. He has attracted a number of junior investigators both from this Service and from other parts of the world who utilize the tissue culture techniques he developed to characterize and develop therapeutic and immunologic strategies to deal with these lesions.

Our residency program continues to attract superb candidates from around the country. The program has been reorganized to place greater emphasis on training for academic careers. Dr. Paul H. Chapman is coordinator of the residency program and together with Dr. Ballantine is also helping to shape post-graduate education in neurosurgery. In the fall the Service offers a week-long post-graduate course in neurosurgery which is well attended by national and international visitors. The course is organized by Drs. Kornblith and Crowell.

Special efforts are being made in collaboration with the Department of Nursing and Social Services to develop a more unified approach to patients with chronic illness in order to provide patients and their families with the emotional support they need and desire.

An informal monthly conference intended primarily to discuss unusual and difficult cases of broad interest was recently instituted for local neurosurgeons. In addition, an organization of alumni and past fellows is being formed whose primary objectives are closer ties with the past associates of this Service and the establishment of guest lectureships for former distinguished alumni.

Dr. Adelbert Ames III is Director of Neurosurgical Research. Our current research activities are concentrated within four areas: (1) Basic physiology of the central nervous system. These studies seek to describe the fundamental anatomy, physiology, and some of the underlying chemistry of the brain's visual and limbic systems. (2) Immunology and chemotherapy of brain tumors. The neurosurgical tissue culture facility now maintains virtually all human brain tumors **in vitro**. This material makes possible study of the antigens of malignant cells, of the properties of experimentally raised or naturally occuring antibodies against them, and of the effectiveness and mechanism of potential immunological and chemotherapeutic cytoxic agents. (3) Pathophysiology of cerebral ischemia. Studies of the isolated retina, a model system in which the extracellular environment is under experimental stroke. The vasospasm that can cause irreversible damage caused by stroke, is being investigated in work aimed at identifying the chemical stimuli to arterial spasm. (4) The management of clinical pain. This work concerns the surgical, physiological and neurochemical management of intractable pain states. Current interest centers on the roles of the newly discovered neuroactive peptides in the brain's response to painful peripheral stimuli.

NICHOLAS T. ZERVAS, M.D.
Chief of Service

Report of the Oral Surgical Service

In 1971, the Administrative Board (now the Faculty Council) of HMS unanimously approved of the experimental five-year, double-degree program for oral surgical training at the MGH. A condition of the vote was that the Dean of HMS appoint a committee, in five years, to assess the value of the D.M.D.-M.D. residency and make recommendations about its future.

Dean Robert Ebert appointed such a committee, consisting of Dr. William Silen, Dr. Arnold Weinberg, Dr. Joseph Murray, Dr. Joseph Henry, Dr. Coenraad Moorrees, and Dr. Paul Goldhaber, with Dr. Silen as chairman. The "Silen" committee held a number of meetings, interviewed a host of people, and solicited comments from leaders in oral and maxillofacial surgery throughout the country. It reported to the Faculty Council in the spring of 1977. The report was most favorable and emphatically endorsed continuation of what it viewed as an important innovation in oral surgical education and one which has become a model for a number of other training centers. The Silen committee also recommended that a small advisory committee be established by the Dean of HMS to be available to the Director of the program for advice and help, particularly in identifying research and academic opportunities for trainees. The endorsement by the Silen committee of our MGH oral surgical training program's educational methods and goals is, obviously, a highlight of the year.

What was an experimental program and is now an established one, could not have existed without the enthusiasm and support of a number of members of the MGH family. Our gratitude for their help is unbounded. Particular thanks are due to Dr. W. Gerald Austen, Edward D. Churchill Professor of Surgery at HMS and Chief of the General Surgical Services at the MGH. Not only did Dr. Austen endorse the idea, he also personally contacted other chiefs of Harvard surgical services, explained the program to them, and solicited their approval and participation. His help was inestimable and our gratitude to him is enduring.

The oral surgical service established one other milepost in 1977. For the first time (long overdue, perhaps) a woman was selected as a resident. In fact, two women were chosen: Andrea Haber Cohen, an HSDM '77 graduate, began as a first year resident in June; and Michelle Copeland, also an outstanding member of the HSDM class of 1977, deferred clinical training for one year and began a year's Fellowship in the orthopaedic research laboratories. The second person to begin his residency in June is

Dr. Robert Chuong, who is also beginning the five-year program.

As ever, several new residents come to the MGH each year and others complete their program and leave. Thomas Albert, D.M.D., M.D., went to the University of Oregon Dental School in Portland as Assistant Professor of Oral Surgery under Professor Ralph Merrill, who spent his sabattical leave, in 1976, at the MGH. Dr. Larry Williams went into private practice in Little Rock, Arkansas, and Dr. James Billie accepted a second-year residency in general surgery at the Methodist Hospitals of Dallas, Texas, to complete his five-year, D.M.D.-M.D. program. 1977 was another fruitful year for the oral surgical service.

WALTER GURALNICK, D.M.D.
Chief of Service

Report of the Orthopaedic Service

The Orthopaedic Service at the Massachusetts General Hospital has through 1977 continued toward its goal of providing optimal patient care; increasing the quality of education; and performance of research projects in the musculoskeletal field. No major changes have occurred in staffing, and there has been no alteration in physical facilities. Patient care continues to be the principal activity of the Orthopaedic Service. In 1977, 3,489 inpatients were admitted, with a wide variety of diagnoses and 3,358 operative procedures were performed, many of them complex.

The various specialty units continue to set the pace in orthopaedic advances. The Hip and Implant Unit has devised a new allograft technique for treatment of the defective acetabulum found in patients with congenital dislocation of the hip so that total hip replacement, considered difficult in such patients, has now become a practical means of restoration of function. The Sports Medicine Clinic has continued to grow and has established a considerable reputation amongst the local athletic facilities. Numerous knee reconstructions were performed, and Drs. Patel and Zarins have become extremely skillful at arthroscopy, an important adjunct to knee diagnosis. Carter Rowe, M.D., continues to serve in an advisory capacity to the Sports Medicine group and maintains his interest in reconstructive surgery of the knee, shoulder and other joints.

Dr. Norman Schachar, a research fellow working with the Bone and Soft Tissue Tumor Unit, established protocols for donor selection, harvesting and storage of allograft segments in the bone bank; and the system has now become a standard for other such units throughout the country. In 1977, seventeen allograft transplantations were performed following resection of bone tumors of the extremities, including two hemi-pelvis allografts, a procedure which had not been previously performed. The number of patients referred to the Bone Tumor Unit continues to grow; and the Orthopaedic Service is indebted to Dr. Crawford Campbell, who serves as a senior advisor and to the Departments of Radiation Therapy, Oncology and Pathology, who work closely with us in the treatment of these difficult problems.

The Pediatric Orthopaedic Service has continued its stride toward developing a comprehensive service. Harry Love, M.D., has joined the associate staff to work with Dr. Ehrlich and the service welcomed Dr. Richard Ray, serving as the second Peabody Fellow. Dr. Ray has a special interest in enzyme studies in epiphyseal cartilage, and his work may shed light on disorders in growth.

The Hand Unit of the Orthopaedic Service, under the direction of Richard J. Smith, M.D., continues to provide quality service in all forms of hand problems. Areas of special interest during this period have included hand trauma, replantation of severed limbs, use of microvascular anastomosis techniques for free island pedicles (in association with Dr. James May of the Surgical Services) and bone and soft tissue tumors. The Upper Extremity Rehabilitation Unit, under the direction of Dr. Robert D. Leffert, moved forward in development of first rib resections for the treatment of the thoracic outlet syndrome, and the Rehabilitation Unit continues to maintain the high quality of care to the patients with stroke, amputation and especially spinal cord injury, with special emphasis on self-help techniques and restoration of these unfortunate patients to society. Dr. Stanley Grabias not only maintains his close association with the Massachusetts Rehabilitation Hospital (which serves an important role in the continuing care of orthopaedic patients) but also along with Drs. Boyd, Barr, Pierce and Huddleston, has established a center for the care of patients with spinal deformities and disabilities.

Education remains an important activity of the Orthopaedic Service at the Massachusetts General Hospital. Residents and medical students rotating through the Orthopaedic Service participate in the active teaching program of the Orthopaedic Unit. Eight conferences are presented weekly and range widely within the disciplines within the specialty. In 1977, 71 guests from outside the hospital were invited as speakers to Grand Rounds. The second annual Robert Bailey Osgood Lectureship was presented in 1977 by Sir John Charnley, and we remain indebted to Mrs. Ellen Jennings for her philanthropic role in this program. Special programs presented in 1977 included a course on reconstruction of the hip, presented by Dr. Harris and his group with Sir Charnley as honored guest; an invitational meeting on surgical management of bone tumors in cooperation with the Children's Hospital bone tumor group; a hand conference organized by Dr. Smith and associates which emphasized basic science and clinical management for problems of congenital deformities of the hand, Dupuytren's contracture, nerve injuries and fracture dislocations about the hand; an invitational meeting to review aspects of bone banking procedures and allograft techniques; the annual Camp Lecture given by Reginald Cooper, M.D.; and the annual meeting of the Forum Club, a distinguished group of orthopaedists from throughout the country.

Members of the Orthopaedic Staff at the Massachusetts

General Hospital received some important honors throughout 1977. Dr. Thornton Brown was named President-Elect of the American Orthopaedic Association and Dr. William Harris was named as Secretary of the organization. Dr. Michael Ehrlich was re-elected as Secretry of the Orthopaedic Research Society and Dr. Richard Smith as Secretary of the American Society for Surgery of the Hand. The Chairman was the fourth recipient of the Alfred Shands Award from the American Orthopaedic Association and presented the Shands Lecture at the meeting of that society in Florida in June.

Orthopaedic research has continued to expand through 1977 with activity in a number of important areas. Work continues on the effects of electrical fields on fractures and forces active about the hip joint, as measured by a telemetered hip prosthesis (in conjunction with M.I.T.). Dr. Indong Oh, working with Dr. Harris, received the Frank E. Stinchfield Award from the Hip Society for his work on stress distribution on the human femur before and after total hip replacement. Articular cartilage remains another important interest of the service, with special emphasis on the metabolism of normal and osteoarthritic articular cartilage; enzyme activity in cartilage; effect of prostaglandins on articular cartilage; and methods of cryopreservation for allograft transplantation. In addition, the orthopaedic research group has performed biochemical analysis on over fifty chondrosarcomas to assess biologic characteristics of this unusual cartilage tumor. In conjunction with Drs. Henry and Wadsworth of the South Shore Veterinary Associates, a cat allograft model has been developed and has contributed substantially to our understanding of this procedure. House officers at the Massachusetts General Hospital, as well as the staff, continue to perform clinical research, and this year eleven projects were presented by house officers as fulfillment of their thesis requirement for graduation from the Orthopaedic Program. Numerous other studies in the fields of trauma, neoplastic disease, pediatric orthopaedics, joint replacement, hand surgery and osteoarthritis of the knee were completed, presented and published.

The Orthopaedic Service takes great pride in its clinical competence; and the Chief recognized with gratitude the contributions of the staff members who, despite their small number and heavy schedule, continue to provide high quality care and actively participate in the educational program. We remain deeply indebted to our colleagues from other services who have aided us through the year in patient care, education and research activities.

HENRY J. MANKIN, M.D.
Chief of Service

Report of the Children's Service (Burnham Division for Children)

Nineteen seventy-seven was a year of transition for the Children's Service. It marked the close of Dr. Nathan Talbot's stewardship, one during which he contributed immensely to pediatrics at the MGH. To note here some of his excellent accomplishments is then altogether fitting.

His interest in the behavioral aspects of pediatrics (an interest which led to the publication of two books by him and a multidisciplinary group including many Harvard Faculty) must have played a role in the establishment of neighborhood health centers, at Bunker Hill, Chelsea, North End, and Revere. These are efforts to reach out and help in the best sense and they have flourished and grown. Two, Bunker Hill and Chelsea, are now directly affiliated with the MGH. Our job now will be to integrate our activities in these areas, and to significantly increase out teaching and research efforts in them. His support of the MGH-Cambridge Hospital link was also important. Dr. Porter's development of school and other public health programs in Cambridge through his leadership of Pediatrics at Cambridge Hospital are very important complementary activities to the Children's Service. Harvard Medical students prize a pediatrics clerkship there.

Dr. Talbot recruited Dr. Shannon, and together they established pediatric intensive care units in the Burnham. They are now widely recognized as among the best in the country. Current studies of the physiologic and clinical aspects of the Sudden Infant Death Syndrome by Dr. Shannon and his colleagues have created new hope for prevention of this disorder.

The Genetics Unit, first lead by Dr. John Littlefield, and now under Dr. Erbe's very able leadership, continues to thrive. Their studies of the biochemical genetics of folate metabolism have resulted in significant contributions to our understanding of human biology. Most recently the Units' MGH based activities has been expanded into the area of prenatal genetics screening and counselling, much to the benefit of the people of New England.

The Gastroenterology Unit headed by Dr. Allan Walker is another clear indication of the very significant development of the Service which occurred under Nate's guidance. Elucidation of macromolecular absorption by the gut and its import for understanding enteric immunological phenomena is of major importance.

During this time, the outstandingly strong endocrine/metabolic group which in earlier years included Doctors Butler, Crawford, MacArthur, and Talbot has grown and diversified. Especially noteworthy is Dr. Crawford's role in the superb care of burned children at the Shriner's unit and the education and research base it provides. One could not have anticipated this development or its importance.

These are examples of the outstanding growth and development which the Service enjoyed under Nate's parenting; they represent the whole quite well.

If one is to assess the development of the Service during the past fifteen years, one must recognize that Dr. Hardy Hendren's development of Pediatric Surgery here has been a vital force, not only in the health of the Service, but also in the superb care that can be given to infants and children by the Service. His contributions to the field are recognized with international acclaim.

As I have not noted specifically the excellent activities in hematology or nephrology, so have I chosen not to comment on orthopedics, neurosurgery or plastic surgery. Nevertheless, they are as vital to pediatrics at the MGH as are the others; it is only space that precludes completeness.

Similarly I must mention the outstanding contributions made by other professionals whose services are absolutely essential to all our efforts to care for infants and children; Anne Sheetz in nursing; Barbara Zenn in social work; Susan Laramee in nutrition; Sally Cave in the Child Live or Recreation Program, and Roy Brooks and Dan Huntoon in administration and management. Indeed, one of the important developments of the past year of transition has been our bringing together these professionals on a weekly basis in an effort to exchange ideas and identify issues and problems which can be collectively addressed to benefit those whom we serve. All have been very cooperative, and our effort, though in its infancy, seems on its way to passing successfully into toddlerhood.

Utilization of the services offered by the Burnham Division has resulted in a continuing relatively high census. A preliminary sampling of data from the last three months of 1977 indicates that on the average 72 of the Service's 83 beds have been filled (87%). During this period pediatric medicine utilized about 60%, pediatric surgery 20%, orthopedics 15%, and neurosurgery 4%.

The number of patient visits to the Pediatric Ambulatory Center increased from 18,147 to 19,044 (or 897 (5%)). Strikingly, the number of visits to the emergency ward decreased from 10,935 to 10,089, 846 (8%). It will be important to determine whether this reflects effective prevention care being offered in the ambulatory group practice. In a later review, figures from the health centers will be included.

The continuing education programs under the direction of Dr. Peebles were again outstandingly successful; the spring course attracted 293 students this year.

Harvard Medical students continue to seek pediatric clerkships offered here; 79 did so this year. Dr. Avery and I were happy to learn that although Pediatrics is an elective course at Harvard, 96% of all students took Pediatrics in one or another of the three Harvard affiliated hospitals which offer it. None of the students who did not take pediatrics is taking an internship.

The pediatrics residency program continues to be an attractive one; this year we received five hundred inquiries and there were 200 completed applications with interviews for the 10 places offered. It would seem this attractiveness would result in our having an outstanding housestaff; we do.

External planning and regulatory agencies are continuing to increase the attention that pay to our activities, something we do not always consider flattering. As a result of this, and because we all wish to meet out societal responsibilities, a committee has been formed under the chairmanship of Dr. Sanders to review pediatric activities in the Harvard affiliated hospitals. Information and recommendations from this group may determine some of our future activities.

The senior staff and I have undertaken an informal but continuing review of our activities. We have set as our goals for the next year (a) coordinating the efforts of all the professionals whose services are so necessary to care for infants and children here; (b) upgrading the research and education efforts of our ambulatory/primary care/general pediatrics program; (c) developing bridges of investigative and education activities between this service and the other services at the Massachusetts General, particularly internal medicine; (d) recruiting outstanding young investagators to this service; (e) maintaining the excellence of those programs which have already been developed. An outstanding base has been developed by Dr. Talbot. Our obligation is to utilize it to build and continue our development.

I want to thank all of those who have been so supportive to me in my first months here, and to express on behalf of all those who are mentioned in this report hearfelt thanks to all those who aren't mentioned, without whom we could not make this an excellent service.

DONALD N. MEDEARIS, JR.,M.D.
Chief of the Children's service

Report of the Department of Pathology

Considerable progress was made in 1977 in the expansion and renovation of the diagnostic and research facilities of the department. Reconstruction of the pathology area in the Warren Building was begun in April under the direction of Hugh Adams Russell Architects, Inc., with the active participation of two representatives of the Department of Pathology—Dr. Edgar Taft and Miss Mary Lahey. By the end of the year the project was ahead of schedule and new facilities for cytology, neuropathology, histology, and for the bone and joint and special stain laboratories were nearly completed. In 1978 the renovation on Warren 2 will be started and very likely finished, providing sorely needed expanded office and resident training space. On the research side the animal care units and associated laboratory areas on the eighth floor of the Cox building were completed in April, greatly facilitating research activities on Cox 5.

The diagnostic work load of the department continued to expand. There was a 10% increase in the number of surgical specimens examined in the fiscal year 1977. The pathology consultation laboratory in the operating suite on Gray 3 experienced even greater growth, with a 34% increase in consultations. Thus the unit, which began operations in June 1975, is achieving its goal of providing improved patient care, through more rapid consultation and frozen section service. There was also greater demand for special diagnostic procedures on surgical specimens, including immunofluorescence, electronmicroscopic and histochemical studies. The number of autopsies performed in 1977 was 725, compared with 656 in 1976, thus reversing the downward trend of recent years.

In the fiscal year ending September 30, 1977, the cytology laboratory processed 28,256 specimens, 785 more than in the previous 12 months. During 1977 the cytogenetics laboratory, which is directed by Dr. Leonard Atkins, began to provide service for the new prenatal diagnostic unit at the MGH. This unit, which was established by Drs. Wayne Miller and Richard Erbe, and which began functioning in July 1977, obtains and prepares amniotic fluid samples, which are submitted to the cytogenetics laboratory for chromosome analysis. The service has expanded rapidly in its first six months of operation and now provides a major proportion of the specimens studied in the cytogenetics laboratory.

The dermatopathology unit, which is directed by Dr. Martin C. Mihm, Jr., received final official aproval for its dermatopathology residency training program. This program, which is one of nine in the country, trains both pathologists and dermatologists, qualifying them for certification in dermatopathology. The first two graduates of the program completed their training in 1977.

Dr. Ben Z. Pilch was appointed to the MGH staff as Assistant in Pathology in July 1977 and to the Associate Staff in Pathology at Massachusetts Eye and Ear Infirmary (MEEI). He will assist Dr. Max Goodman in providing surgical pathology diagnostic service to the MEEI.

Dr. M. Elizabeth Hammond resigned in February 1977 and has accepted a postion in the Department of Pathology at the Latter Day Saints Hospital in Salt Lake City, Utah.

Dr. James J. Daly resigned from the full time staff to accept a position at the Waltham Hospital as a staff pathologist. We are fortunate that he will continue at the MGH as a Clinical Associate, providing consultation in the area of urological pathology.

Continuing efforts have been made to improve the residency training program. In anatomic pathology, a course in systemic pathology, in the form of lectures by staff pathologists every week over a two year period, continued to be well attended and popular. This course has been planned and coordinated by Dr. Robert Sandstrom, a 4th year resident. In clinical pathology, a committee has been formed, to monitor and coordinate residency training. Dr. Edgar Taft serves as chairman; other members are Drs. William Beck, Kurt Bloch, Leonard Ellman, Thomas Fuller, Charles Huggins, Lawrence Kunz, Robert Moellering, Karl Proppe, Sidney Rieder, Morton Swartz and Mr. Myle Holley. We are grateful to those individuals, and to others in the clinical laboratories, for their continuing commitment to training in clinical pathology. A series of regular weekly seminars in clinical pathology, organized under the direction of Dr. Erika Whitmore, has been well attended with active participation on the part of all of the residents in the clinical pathology program.

In coorperation with the Clinical Immunology Laboratory, a new training program in immunology was begun in 1977; the program is supported by an NIH Training Grant, on which Dr. Kurt Bloch is Program Director. Within the Department of Pathology, the program is coordinated by Dr. Robert B. Colvin. Three fellows were appointed in July 1977, two of whom were former residents of pathology. This two year program is designed to provide a general understanding of basic immunology, training in the diagnostic aspect of clinical immunology and immunopathology, and research experience in some area of immunology.

Because of limitations of space, the research activities of the department will not be discussed here; the projects are summarized in the annual MGH Research Report.

ROBERT T. McCLUSKEY, M.D.
Chief, Department of Pathology

Report of the Department of Radiation Medicine

In 1977 the transfer of clinical activities from White 2 to the new Cox Building was completed. We are extremely pleased with the working conditions in this beautiful building. Patients and their relatives have been highly enthusiastic regarding the many excellent features of the building.

The 35MeV Linac and second 18MeV Linac have now entered full clinical service. Approximately 180-190 patients are under treatment at all times. This means that the area is extremely active. Fortunately this large number of patients is being handled comfortably.

Staff Additions: Muneyasu Urano, M.D., Ph.D., Assistant Radiation Biologist, comes from the National Instutute of Radiologic Science of Japan where he has been a staff scientist for several years. Dr. Oscar Mendiondo completed a four year residency training program and has become a member of the clinical staff. He is working full-time on the proton therapy project. John E. Munzenrider, M.D. has joined our clinical staff. He was trained and worked with the late Dr. Fernando Bloedorn at Tufts New England Medical Center. Dianna Clark has been appointed as Director of Radiation Medicine Technologists. The department has just appointed Constance Stone, M.B.A. as Administrative Assistant and Business Manager.

Proton Therapy Program: 1977 was an important year for the program in proton therapy. The department was awarded funds for complete support of the proton therapy program for a period of 4 years. Two major technical advances for this coming year are: 1) a most valuable component is the installation at the MGH of a specially designed and modified CBT unit for the purpose of planning proton radiation therapy, and 2) a second treatment room in the Cyclotron facility.

Radiation Biophysics: Research in high intensity biophysics laboratory on Cox 6 has been conducted during the past year by Drs. Edward R. Epp, C. Clifton Ling, Howard B. Michaels and Leo E. Gerweck. The radiosensitivity of cultured CHO sells was studied for various oxygen concentrations at ultra high dose rates on the order of 10^{12} rad/sec provided by a 600 kB field emission electron source. At a concentration of 0.44% oxygen in nitrogen and using single electron pulses of 3 nanosecond duration, the cellular radiosensitivity was observed to break away sharply from an oxygenated to an anoxic response in accord with a mechanism implying radiolytic depletion of the intracellular oxygen by the first part of the radiation pulse. Based on this observation the kinetics of oxygen diffusion into these cells was studied using the double pulse technique developed previously with bacterial systems. Two high intensity pulses each of 3 nanosecond duration were delivered to a monolayer of CHO cells in equilibrium with a known concentration of oxygen. The first pulse contained sufficient dose to deplete the intracellular oxygen radiochemically and preceded a second similar pulse by an accurately known interpulse time variable from 10^{-6} sec to 30 sec. The amount of oxygen diffusing to critical sites in the cell during the interpulse time was inferred by comparison to the cellular response mesured under various oxygen concentrations with single high intensity pulses. The oxygen diffusion curve obtained can be described by the solution of a one-dimensional diffusion equation using the water oxygen diffusion coefficient of 2×10^{-5} cm^2/sec and an average depth of the critical sites of 4 microns corresponding to nearly a cell radius. This curve demonstrates that a significant amount of oxygen diffuses to these sties by 2×10^{-3} sec establishing an upper limit to the average lifetime of the radiation-induced oxygen-dependent damage. These data are significant in reaching an understanding of the still unknown mechanism of the cellular oxygen effect, of paramount importance to the radiation treatment of cancer. Other experiments are directed at providing information on the kinetics and mechanism of chemical radiosensitizers specific to hypoxic cells, of potentially great significance in improving the radiocurability of those tumors in which such cells may limit curability. It was reasoned that electron affinic compounds (a class of chemical radiosensitizers), acting as oxygen mimics would prevent breading behavior of radiosensitivity from occurring when cells are irradiated with single high intensity electron pulses in the presence of low oxygen concentrations. It was indeed found that when a relatively low concentration of misonidazole was added to cells equilibrated with 0.44% oxygen, followed by irradiation with the single pulse, a non-breaking survival curve resulted. The elimination of the break implies that misonidazole is providing sensitization above the "break-point dose", or that there may be an interaction of oxygen and misonidazole under high dose rate conditions which affects and perhaps prevents oxygen depletion process. Parallel experiments on the possible additive sensitization effects of misonidazole and low concentrations of oxygen at conventional dose rates are also in progress. Still other experiments have examined the question of repair of sublethal damage in mammalian cells irradiated at ultra high dose rates. It has been reported elsewhere that HeLa cells so irradiated showed no repair, in contrast to the repair observed in general for mammalian cells irradiated at conventional dose rates. Using the monolayer technique, two dose fraction experiments were done in air on CHO cells for various interfraction incubation times and doses and for both ultra high and conventional dose rates. Repair was observed to occur at both dose rates, implying that cellular repair mechanisms indeed do function at ultra high dose rates.

HERMAN D. SUIT, M.D.
Chief, Department of Radiation Medicine

Report of the Department of Radiology

Progress continues to be made in the improvement of the physical facilities in the Department of Radiology, including space and equipment, which started in 1971 and is now in its sixth year. As the Department of Radiation Medicine completed its move into the Cox Center, the vacated space became available to the Department of Radiology and will house the Division of Nuclear Medicine as well as an expanded Pediatric Radiology section which is now in the process of being set up in proximity to the Burnham Division for Children.

The Division of Nuclear Medicine under Dr. William Strauss has expanded its facilities for cardiovascular nuclear medicine procedures. The cardiac exercise facilities have been consolidated in nuclear medicine in order to allow for the full exploration of the potential offered by the use of thallium 201 as a myocardial imaging agent in association with the stress of exercise in the direction of sub-clinical ischemia. A cardiologist, Dr. Gerald Pohost, has received a dual appointment in Radiology and is a regular participant in these activities. Other areas of close collaboration with cardiology include cardiac ultrasound as a new real time ultrasound "B" scanner jointly owned by Cardiology and Radiology becomes available at the MGH. This unit promises further to reduce the need for some invasive procedures. he replacement of invasive, time consuming and expensive procedures for non-invasive, reliable, more easily performed diagnostic modalities is an important goal of the Department of Radiology. The staff is committed to the investigation of technological approaches which would tend to increase the accuracy and the safety of diagnostic procedures while at the same time reducing overall cost.

The space vacated by Nuclear Medicine in the Gray II area, permitted the installation of an improved Carotid Evaluation Laboratory dedicated to the non-invasive investigation of severely stenotic and occlusive carotid artery disease. The laboratory, directed by Dr. Robert Ackerman, also incorporated a facility to monitor regional cerebral blood flow by inhaled radioactive Xenon gas.

New developments and refinements in the diagnostic approaches continue in virtually all areas:

In the Chest Roentgenology section directed by Reginald Greene, an important development this year was that of performing pulmonary angiography through indwelling Swan-Ganz catheters, in the intensive care units, as an additional diagnostic aid in the evaluation of pulmonary thromboembolism in critically ill patients.

In the Genitourinary Radiology section directed by Richard Pfister, additional developments continue in percutaneous antegrade pyelography, ureteral perfusion (pressure flow studies) and in the development of a tracer-cannula unit for percutaneous nephrostomy. Successful percutaneous dissolution of obstructing renal stones has been accomplished.

In the Gastrointestinal Radiology section directed by Joseph Ferrucci, intensive investigation into the best uses and in the potential of computed body tomography continues. Computed tomography is invaluable in the diagnosis of mediastinal tumors, pancreatic lesions of all types, certain retroperitoneal and pelvic lesions and in the evaluation of soft tissue involvement in any type of bone tumer. Its use has often obviated the need for abdominal angiography thus saving the patient from a difficult invasive procedure. The spectacular growth of ultrasound as an important diagnostic tool in the abdomen deserves special mention. It is anticipated that it will continue to grow in importance both because apparatus is being continually improved and because it is entirely safe to use regardless of the condition of the patient. The fact that it is not an ionizing radiation is another advantage, which explains its frequent use in obstetrics.

In the Vascular Radiology area directed by Christos Athanasoulis, new developments consist in further refinements for the non-surgical control of gastrointestinal bleeding and transcatheter embolizations to reduce vasculatiry in tumor management. An important development is the recent introduction of special balloon catheters for transluminal (non-surgical) dilation of stenotic arterial lesions in selected patients. While applicable mostly in the ileofemoral arteries, the technique has wide implications for the future because it may be applicable to certain types of lesions in the coronary arteries.

In the field of undergraduate education the monthly elective in radiology directed by Robert Novelline continues to be very popular. This year a special postgraduate course on approaches to undergraduate radiological education was presented by Bob Novelline and Lucy Squire and was extremely successful. Our postgraduate courses in neuroradiology, gastrointestinal and genitourinary radiology continue to be very well attended by physicians from all over the U.S. Our radiology residency and specialty fellowship programs in cardiovascular radiology and neuroradiology continue to be our main area of activity in the area of clinical training.

The research activities of the department in the area of application of radioactive isotopes to non-invasive clinical diagnosis continue. To this end. Dr. Gordon Brownell and his colleagues in the Physics Research Laboratory continue their radiopharmaceutical development research particularly utilizing short lived ciclotron produced gases. The ciclotron, which is housed in the basement between the Bulfinch and the Research Buildings, is somewhat obsolete but continues to be an important resource. It may be anticipated that uses of ciclotron produced isotopes may increase in the future and that improvement of the ciclotron facilities may be required. An important development this year has been completion of the MGH Positron Camera II capable of producing cross sectional images of isotope concentration in the tissues at 23 levels simultaneously with a definition capability of one cm. Research efforts in the department are detailed in the Research Activity report of the MGH.

This year Dr. Majic Potsaid relinquished the directorship of the Nuclear Medicine Division and became Director of Radiological Education, as well as coordinator of outpatient radiological services. The lattter activities are apt to increase in importance and include, in addition to the ambulatory care center planning activities, several other considerations involving developments at the MGH-Bunker Hill Health Center, MGH-Chelsea Health Center and possibly others. Dr. Joseph Ferrucci was installed as president of the Massachusetts Radiological Society; Dr. Paul New became vice-president of the American Society of Neuroradiology.

My heartfelt thanks go to Mr. Myle Holley and the Administration of the Hospital for their continued assistance and cooperation in our efforts to improve radiological care at the MGH, to Dr. Roger Bauman whose continued efforts and planning sagacity have been important in carrying out the stated goals, as well as to the staff, residents and paramedical personnel of the Department of Radiology for their continued loyalty and support.

JUAN M. TAVERAS, M.D.
Radiologist-in-Chief

Report of the Ambulatory Care Division

During the past year the Division has continued to grow both in terms of number of patients served and total visits. Group practices continue to grow at a rate more rapid than that of the traditional clinic. Accommodating this growth in our existing facility has been a continuing dilemma. The present ambulatory care building built in 1903 to handle approximately 300 patients per day now handles more than 1300 visits per day. Every effort has been made to provide adequate amenities for our patients and the staff working there. This past year has seen both the renovations in the Medical Clinics Complex to accommodate the expanded primary care training program and the finalization of planning for the renovation of general surgery, orthopaedics and OB/Gynecology. The renovations of these spaces will allow us to operate with group practice environments while planning the ACC. Emphasis has been placed on providing maximum privacy for patients and as efficient an environment as possible in which to practice.

This past year has also seen the merging of the neighborhood health centers at Bunker Hill and Chelsea with the Ambulatory Care Division. The emphasis in this merger has been to improve communications among centers distant from the main campus and to improve support for their activities by the hospital. Support of the research activities in the neighborhood health centers by Margaret Olendzki, Ph.D., along with the sharing of the hospital's ambulatory care financial systems has been one of our main activities aimed at allowing the providers to concentrate on the provision of care.

Nursing in the Ambulatory Care Division, under the direction of Ms. Ruth Farrisey, Associate Director of Nursing, has continued to expand Nurse Practitioner opportunities in the Division, including the establishment of its programs in the newly-created Revere Health Center. Audit activities on the practices of nurses, as well as interdisciplinary audit of care programs, are continuing. The Nursing Department continue to co-sponsor the Adult Nurse Practitioner course in conjunction with the Department of Continuing Education at Harvard Medical School. This year the program was certified by the American Nurses Association and enthusiastically lauded by the accreditors. A cost study was undertaken which has resulted in a rational budget plan for the upcoming years for the program. In the Ambulatory Care Division the Executive Nursing Practice Committee has completed its first year in operation.

Education and training in the ambulatory care setting is receiving increasing emphasis. In addition to the Primary Care Training Programs in which a majority of time is spent in the ambulatory care setting, other training programs are increasingly oriented toward ambulatory care. The integration of these training activities into our practices has been a major area of interest for the division. The presence of students and trainees in ambulatory practice settings, as in the case of hospitalized patients, enhances care by creating an atmosphere of inquiry in which existing methods of care come under constant scrutiny and provide a vehicle for the introduction of new methods of care. However, there has been continuing concern that education and training increase the cost of care. To that end, considerable effort is being given to carefully accounting for the cost, if any, of education in terms of the trainees themselves, the cost of their teachers and the cost of the resources consumed in caring for patients.

The development of research in ambulatory care is the third major area of interest. The Office of Research and Evaluation has been working to develop methodology and guidelines by which research and evaluation projects are undertaken in the Division. The methods are concerned with safeguarding the interest of patients and in continuing research of the highest quality. To date more than forty projects have been identified in various stages of development and implementation in all locations within the Division.

Finally, plans for the new Ambulatory Care Center are once again in active progress. Our Certificate of Need first granted in April, 1976 has been reapproved by the Department of Public Health in March of 1978. It is our hope to begin construction in the spring of 1979.

JEROME H. GROSSMAN, M.D.
Director, Ambulatory Care Division

Report of the Medical Clinics Complex

In 1977, the Medical Clinics Complex (MCC) has made modest changes in organization, teaching, and research that promise to improve the ambulatory treatment of patients. Patient visits to the units rose from 92,720 to 94,193, this total comprising visits to nurse-practitioners, physician's assistants, or physicians. The general medical practice of the Internal Medicine Associates (IMA) rose 19% to 28,980 visits during the course of this year. In addition, the IMA was provided with increased office space from the previous ENT Clinic and consequently was able to reorganize its practice to include the 12 residents in Primary Care within its team structure. The organization is intended to eliminate the distinctions and separate facilities for staff versus resident practices and to promote greater staff-resident interaction in informal consultation. In addition to this, of course, the Primary Care Program continues to hold formal teaching sessions in the form of work rounds, visit rounds, ambulatory grand rounds, and journal club.

In addition to its innovative organizational structure, the IMA hired Ms. Phoebe Matthews, P.A., the first physician's assistant at the Massachusetts General Hospital. The group described a need for, defined the responsibilities of, and received authorization for this position from the General Executive Committee.

There has been increasing emphasis during 1977 on the training of both undergraduates and postgraduates in Primary Care medicine. The number of Harvard Medical School students who are active within the medical practices has increased with students participating in over 225 course electives. In addition, the Primary Care Program was a recipient of a grant from HEW to support the supervision of residency training, the evaluation of the program, and curriculum development. The Primary Care Program continues to receive funding from the Robert Wood Johnson Foundation which supports clinical faculty. In the area of research in the ambulatory setting, the Medical Clinics Complex is supporting several studies. Dr. Allan Goroll is actively involved in constructing a computerized clinical data base which will be used to better describe, understand, and improve the approach to clinical ambulatory care. Dr. Margaret Olendzki, Director of Quality Assessment and Utilization Review for the Ambulatory Care Division, has been involved with this project from its conception. In addition, Ms. Linda Berlin, a nurse-practitioner supported by the Robert Wood Johnson Foundation, is engaged in a comparative study on the content of hypertensive patient visits by nurse-practitioners and physicians. The Departments of Medicine and Psychiatry, as represetned by Drs. John Stoeckle, Allan Goroll, Andrew Billings, and Howard Waitzkin, and Drs. Aaron Lazare, Sherman Eisenthal and Arthur Barsky, respectively, are continuing their interdepartmental research project on the doctor-patient relationship.

In the upcoming year, the Medical Clinics Complex looks forward to increased movement toward group practices from within the specialty clinic areas. In addition, it is anticipated that as of July, 1978, the assistant residents will rotate full-time within the ambulatory settings first here at the MGH and next year in the neighborhood health centers. With the increased emphasis on program evaluation, the amount and quality of teaching and research in the ambulatory setting should continue to improve. In this way, when the ongoing space constraint is removed with the opening of the Ambulatory Care Center, the Medical Clinics Complex will be prepared to transform fully developed, model teaching group practices into this new setting.

JAMES DINEEN, M.D.
SHARON FOLLAYTTAR, R.N.
MARIAN JENNINGS
DONNA MUFFOLETTO
JOHN STOECKLE, M.D.
Board of Managers

Report of the Medical Station at Logan International Airport

Physically separated from the hospital, barely above sea level, on the largest flat area in greater Boston and probably in this state, the Medical Station continues to provide an unusual perspective of the current issues in medicine. Concerned primarily with direct care and yet involved in prevention, safety, and instant disaster response, the Medical Station continues to be an unusual work site.

Our long established total coverage pattern of 66 hours per week has been maintained but continuous direct physician coverage has been expanded to over 40 hours per week. Physician presence generates patient attendance as our numerous serial studies show. Stated differently, this new pattern of daily physician coverage has confirmed that daily patient census is a function of the availability of a physician. Nevertheless, a pertinent project for the future will be to intersperse telemedicine encounters on a fully randomized unscheduled basis with the classical direct fact-to-face encounter and to correlate patient response, evaluation and compliance.

In the meanwhile, to accomodate a projected increase in direct patient care encounters, it has been decided that a gradual shift in scheduling to provide immunizations during afternoon and evening hours will take place. This will help separate the entirely different skills necessary for immunization services from those required for patient care and will reduce waiting time for each group. Patient and staff stress will be minimized.

The universal concern about cost-sufficiency of ambulatory care was explored during the year through a series of crisis intervention discussion groups attended by the entire staff, professional and secretarial. As one result, certain contractual and other relationships within our surrounding community of interest were modified with mutual agreement. Combined with an appropriate change in patient charges financial support is now more equitable.

Incidentally, there has been a coincident but unrelated increase in the degree of complexity of diagnosis and management of newly referred patients.

During the year another long range objective has been achieved. Two of the larger air carrier companies have designated the Medical Station as the primary caretaker for their personnel.

The management of on-the-job injuries often requires X-ray examination for accurate diagnosis. This need for prompt radiologic examination in order to fully assess the patient in the shortest period of time, another consequence of cost analysis, has culminated in a staff recommendation that an X-ray unit should be installed. Inter-departmental agreements have been reached and the final stage of negotiations were initiated at the very end of this hospital year. An accurate prediction about the outcome is not possible.

At this ambulatory care site common diseases still occur most commonly. Symptomatic relief of the statistically more frequent conditions of the ambulatory population is often difficult to bring about and impact is difficult to assess. This is the simultaneous challenge, reward and hazard of ambulatory care practice.

As noted in previous annual reports, the current medical record format fails to accent the value of visual input in the diagnostic process. The format of the Prove Medical Record which has been conceptualized here over the past few years has been designed and a variety of specific profiles have been completed. These profiles, intended to facilitate the data recording necessary to categorize clinical disease states, are designated by a circle divided into eight consecutive sectors. The components currently about to be tested by daily use include the Problem, the Disease, the Medication, the History, the Disability, and the Serial Change Profile. A related development is increasing awareness by the entire staff of the value of patient disease education. We have been able to use our original telemedicine microwave instrumentation to transmit all of the television programs shown regularly within the hospital to three sites here at the Medical Station. The most pertinent site is within the patient reception area. A centrally placed large television screen with multiple individual ear pieces permits easy viewing by patients. Viewing is entirely voluntary and spontaneous. It is anticipated that the hospital Television Committee will soon be able to provide up to eight hours of continuous programming each day. After acquiring further base line data relative to optional viewing various procedures intended to cultivate patient viewing will be encouraged.

Finally, maintenance of preparedness for disaster response is an important responsibility here. Training exercises have continued and the nearby health center staff has been indoctrinated. This off-airport East Boston site has assumed the disaster response assignment when the Medical Station is not open. Prompt mobilization of a well-trained team is a major aspect of successful response.

KENNETH T. BIRD, M.D.
Director

Report of the MGH-Bunker Hill Health Center

The Bunker Hill Health Center of the Massachusetts General Hospital has been in operation since it officially opened its doors in 1968. The health center continues to offer a wide range of services to the Charlestown population as well as to contiguous communities. The emphasis of the health-care services at the health center are very much oriented towards prevention and health maintenance. In keeping with the hospital's goal for a "single standard of care," the health center physicians have now developed a 24 hour, 7 day a week coverage system.

The Community Mental Health/Social Service Unit in 1977 had 12,949 visits. About 70% of these visits were for child-related problems. The preventively oriented programs offered included an expanded therapeutic camping program for children at risk of becoming delinquent and a core evaluation program under Chapter 766. In close collaboration with the Erich Lindemann Mental Health Center, a day treatment program for adults continues. Dr. Alan Jacobson continues to head this unit.

The Pediatric Unit, including its physicians and nurse practitioners, saw 9,281 visits during 1977. The Pediatric Unit during this past year has continued its commitment to school health, but because of the busing of school children in Boston, has had to shift the locus for most school examinations back to the schools. Almost one half of the children served now in the school health program come from other communities than Charlestown. In the past, the school health program served only Charlestown children. The Pediatric program continues to expand and to innovate, and it looks with justified pride upon its accomplishments in screening and immunizations. Under the leadership of Dr. Catherine Beyer, the pediatric effort will continue to promote case finding, prevention, and the assessment of growth and development as well as to maintain a high level of pediatric health care. Plans are being developed to provide more services to adolescents and to reach out to those children who have dropped out of care because of the busing issue. These are important goals in the recently revised C&Y grant awarded in 1977.

At the health center, nurses are assigned to Obs/Gyn, mental health, pediatrics, adult medicine, and school health, and are supported from a variety of sources including the MGH (3), Department of Health and Hospitals (3), and Erich Lindemann Mental Health Center (1). All of the nurses are actively engaged in preventively oriented programs and community education activities. They maintain liaison relationships with a variety of community agencies, such as VNA, Headstart, and public school nursing. In the parochial schools, the pediatric nurses have participated with core evaluations under Chapter 766 and have developed and implemented hospital and home visiting of newborn children.

Nurses assigned to Obs/Gyn and adult medicine continue to provide ongoing patient care and remain very active in home visiting, as well with the pediatric nurses as in community education programs and liaison activities with the VNA.

The Health Center Assistants (3) have remained a mainstay of the health center. As they continue to provide support and assistance throughout the health center, their roles are being expanded to include more services.

The nurses are actively engaged in helping to develop new commitments and outreach programs, such as hypertension checks of the elderly, health screening in the Charlestown DYS unit (for delinquent minors), and are undertaking responsibility with the local police in their efforts to reach adolescents and help with their problems.

Adult medicine remains the busiest service in the health center, accounting for 25% of all the visits to the health center. During 1977, there were 12,120 visits to adult medicine. The adult unit has continued to develop a solid health maintenance program. It has implemented a series of medical record format changes and is very actively involved in screening for early manifestations of serious disease. The unit has been actively engaged in teaching and in collaborating with other units.

Members of the unit have worked with others in the health center to develop a medical records committee and medical record audit system. New collaborative ventures are underway with the Bunker Hill Community College. This relationship should open new areas for casefinding as well as providing needed back-up health services to the college.

Nutrition continues to be very active; during 1977 there were 5623 visits. Nutrition services are integrated into other health center activities, such as teaching, research, and administration. The unit continues with the Women, Infant, and Children Grant to help further good nutritional health for pregnant women and children under five years.

The Dental Health Service of the health center provides comprehensive dental services to children and adults including preventive, emergency diagnostic, and restorative services. Included are prophylaxis, scaling, dental health education, fillings, root canals, periodontics, crowns, bridges, pedodontics, interceptive orthodontics, dentures, partials, and extractions. There were 8,848 visits this year with 70% under age 21.

The Ambulatory Care Division of the MGH assumed the overall administrative responsibility for BHHC on July 1, 1977. With this move, the billing system was brought into the MGH and the health center adopted the MGH registration system. With the new management system, there has come a better understanding of the fiscal structure of the health center. This has allowed for a more rational basis for planning and for the allocation of resources.

With an improved data collection system developed by Dr. Margaret Olendzki, head of Research of ACD, we hope to develop more research and evaluation projects over the ensuing months.

ROGER H. SWEET, M.D.
Executive Director
STEVEN H. BOOTH
Manager

Report of the MGH-Chelsea Health Center

The Chelsea Health Center completed six years of service to the Chelsea community on September 30, 1977. Continued growth in programs and patient visits within the health center has paralleled an increase in collaborative programming and contractual services with state and local agencies and institutions which has resulted in the development of off-site services.

Activities of the Adult Medical Unit include outreach health care services to the elderly mediated through the role of the case coordinator for elderly services at the health center. There are currently 2400 enrolled patients over 60 years of age. Over 14% of the community population is over age 65 years compared to the national average of 11%. Patients who require hospitalization are referred to Chelsea Memorial Hospital and to Massachusetts General Hospital under the supervision of their primary physician when appropriate.

An innovative approach to screening has been incorporated into a program under the direction of Dr. Terrence O'Malley, and Mrs. Thelma Tisdale, R.N. Worksite screening for hypertension at many industrial sites in Chelsea and surrounding communities has resulted in the identification of 80 persons with previously unrecognized hypertension of the more than 500 employees screened. These patients have been referred to family physicians or to the health center for further evaluation and management.

Because of the increasing demand for adult medical services, there has been a concomitant increase in physician sessions to meet the needs of the community. There continues to be strong emphasis on health education, early intervention and preventive services in the programs offered by the Adult Medical Unit.

Parent utilization patterns indicate an increase in encounters for infants, children and adolescents, especially the latter, during fiscal year 1977. There has been an associated increase in extramural programs designed to reach the members of the pediatric and adolescent age groups. These include consultation to the four community day-care centers which enroll 168 children, school health program which provides physical examinations to over 600 first, fourth and seventh grade students in the public and parochial schools, and sports medicine programs which provide assessment of all children and youths who participate in the local hockey league and Pop Warner football league. There also exist contractual services offered by the Pediatric Staff of the Chelsea Health Center to the Chelsea School Department to examine all kindergarten registrants each fall for physical and developmental assessments under Chapter 766.

The Chelsea Health Center Pediatric Unit has completed the fourth year of services to the Chelsea-Revere Headstart Program. Approximately 100 four and five year old children are examined each year.

The recent increase in demand for services by adolescents has resulted in expanded programs designed to meet the needs of this age group. Two weekly sessions have provided an additional 648 visits during the past 12 months. The pediatric nurse practitioner role has provided valuable health maintenance including health education in over 1500 instances this past year. The PNP also is involved in case conferences sponsored by the Obstetrical Unit staff to identify the needs of pregnant adolescents. Of the first 346 deliveries at St. Elizabeth's Hospital involving Chelsea residents, 101 were below 20 years of age (29%).

The Nutrition Unit continues to provide individual and group counseling sessions. Multidisciplinary programs involving the Adult Medical and Obstetrical Units have been offered by the Nutritionists to elderly patients and the pregnant adolescent population.

Under the mandate of Title V legislation, the Dental Unit of the Chelsea Health Center provides dental health education and preventive dental health services to children and adolescents of the 2 to 18 age group. Dr. Sheryl Jacobson has recently accepted the leadership role as the dentist of the three person group which also includes a dental hygienist and dental assistant.

The Child Care Project, supported by Title XX Funds under contract with the Massachusetts Department of Public Health now provides intensive therapeutic and supportive services to 95 families involving 158 children. This project also provides consultative services to community agencies and individuals who recognize the symptoms and signs of inappropriate parenting in children with whom they have daily or frequent contact.

The Social Service and Mental Health Unit is staffed by 5.5 M.S.W. full time equivalent with 1.0 full time equivalent psychologist, 2 part-time psychiatric consultants, 2 social work students from Simmons College, 2 psychology interns from Boston University and 1.5 full time equivalent secretary/receptionists. During the preceeding twelve months, there were 5,551 direct patient encounters plus 45 full core evaluations and 10 intermediate core evaluations performed under Chapter 766 contracts with the Chelsea School Department.

Space restrictions continue to provide an impediment to the expansion of staff and programs to address defined needs in the Chelsea community. For this reason, there continues to be an emphasis on extramural programs to increase available services on the one hand and exploration of other avenues to expand the space available to the Chelsea Health Center such as other buildings with greater amounts of floor space to meet the needs of new programs and staff for the years to come in the Chelsea community.

ANDREW D. GUTHRIE, JR., M.D.
Medical Director

SLATE FOR TRUSTEES & OFFICERS OF THE VINCENT MEMORIAL HOSPITAL

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Miss Dorothy Rackemann	Charles F. Hovey	George Lewis
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1977-1978

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Mrs. Richmond Holder, *President, Vincent Club, Ex-Officio*

1977-1978

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Chalres A. Sanders, M.D., *Director*

James H. Nelson Jr., M.D. *Chief of Staff*

Howard Ulfelder, M.D., *Consulting Visiting Gynecologist*

Gynecologists

Thomas H. Green, Jr., M.D.
Francis M. Ingersoll, M.D.
Janet W. McArthur, M.D.
George S. Richardson, M.D.

Associate Gynecologist
John W. Grover, M.D.

Assistant Gynecologists

Ann B. Barnes, M.D.
Inese Z. Beitins, M.D.
Thomas S. Durant, M.D.

Assistants in Gynecology

David S. Chapin, M.D.
William F. Crowley, M.D.
Najmosama Nikrui, M.D.
Olive M. Soriero, M.D.
Rodrigo Urcuyo, M.D.

Clinical Associate in Gynecology
Bartlett H. Stone, M.D.

Clinical Assistants in Gynecology

Francis H. Boudreau, M.D.
Jaleh Bashir Farahmand, M.D.

Assistants in Biochemistry (Gynecology)

Thomas M. Badger, Ph.D.
David T. MacLaughlin, Ph.D.

Associate Biologist in Gynecology
Leona Zacharias, Ph.D.

Consultants in Gynecology

Ward I. Gregg, M.D.
John Newell, M.D.
Langdon Parsons, M.D.
John Rock, M.D.
Kenneth J. Ryan, M.D.
Judson Smith, M.D.
Benjamin Tenney, M.D.

Miss Gellestrina DiMaggio, R.N.
Associate Director of Inpatient Nursing

Mrs. Joseph Stukas, R.N.
Nursing Supervisor

Miss J.A. Newell, R.N., Miss R.A. Shanks, R.N.
Head Nurses

Mrs. John Zagata, R.N.
Psychiatric Nurse Clinician

Miss Elizabeth Davis, R.N.
Unit Teacher

Miss Ruth Patterson
Head Nurse, Gynecology Clinic

Ellen Feldman, M.S.W.
Caseworker

Betty Bawdeker
Case Assistant

Report of the Vincent Memorial Hospital Board of Managers

The hospital opened its year in September, welcoming our new Chief-of-Staff, and Joe Vincent Meigs Professor of Gynecology, Dr. James H. Nelson Jr. who had arrived in July.

A new, impressive post-graduate course in gynecology was eagerly subscribed to by sixty doctors, who came to the yearly coffee party given for them by the Board. The hospital was represented at a meeting of the inner city hospital group of the Massachusetts Hospital Association in September at the new Faulkner Hospital, and at an educational meeting of its Council on Hospital Auxiliaries, held at the Newton-Wellesley hospital, where Dr. George Kerr, a nutrition expert on the faculty of the Harvard Medical School and associated with the Peter Bent Brigham Hospital, was the speaker.

In October, Dr. Nelson talked to us to give a brief outline of plans for the future of the hospital, chief among them, being our own residency program in gynecology, and new and increased levels of research and clinical activity.

After a successful hospital family coffee party in November, Dr. William F. Crowley, Research Fellow in the hospital laboratory, spoke concerning his extremely important work in reproductive endocrinology.

As was the same with many another meeting, ours in January was cancelled, due to the appalling weather, hence a long interval until the March meeting, when Mrs. Henry McBurney Parker, in recognition of her devotion and loyalty to the Vincent Club and the hospital, the Board and the Trustees was unanimously elected to honorary memership on the Board.

In April, Dr. Inese Z. Beitins, of our Research Staff, continued the talks we have heard during the past two years concerning endocrine studies in the laboratory, increasingly complicated, yet with challenging implications for the future in gynecology.

More continuity with the Club and the hosptial will by seen when a new hospital orientation day for provisionals and other club members is launched in June, with potential for volunteer service in mind.

We observe intelligent, imaginative change in many activities of the Vincent Club, where members with varied talents contribute countless hours to the success of the annual Vincent Show, and its sole objective, the Vincent Memorial Hospital. To these members go our gratitude and admiration for the monumental efforts, given directly or indirectly as service to the hospital.

To the Trustees goes our appreciation for their support. Always ready to listen and advise, their experience in most reassuring.

And so another year has come to a close. As we look back on 1976, we see considerable change, predominantly on the positive side.

Remarkable progress has developed in many areas. New ideas and enthusiasms have evolved. New people, courageous, optimistic, and with the steady strength of knowledge and experience supporting them, are addressing themselves to demanding responsibilities.

Board members continue to assume their share of commitment, as truly caring people, visiting patients, assessing needs in all aspects of hospital activity, they clearly demonstrate the understanding concern for patients that has been traditionally their primary motivation.

It is therefore with the utmost confidence that the Board may look forward to a new President, Mrs. Ezra F. Stevens, long a devoted and dependable officer of the Club, the hospital, and the Board of Trustees, among whose many talents, executive ability has made her one of our most admired and affectionately regarded members. Just as I have confidence in Mrs. Stevens, so also have I deep appreciation for the Board, who for so long has given me courage, sound advice, and solid friendship. To you all, my grateful thanks.

HELEN C. CROCKER
(MRS. COURTENAY CROCKER)
President, Board of Managers

Report of the Chief of the Vincent Memorial Hospital

During 1977, improvements were made in the Vinent Hospital to increase patient comforts. Color television sets were installed in each room, and each bed was supplied a telephone. A major change in nursing hours, and time off, has produced a great improvement in the stability of the nursing staff, and in fact has brought about the enlargement of the nursing staff. These changes were effected by the MGH Nursing Department, to place them in a more competitive position in the Greater Boston area. This, coupled with an increase of 24% in the gynecologic admission to the Vincent beds, improved morale of the nursing staff and markedly reduced the turnover of nursing personnel.

In April, 1977, word was received from the Residency Review Committee of the AMA indicating that the application for a residency program in gynecology and obstetrics had been approved as of January 1, 1977. It was to late at that time to recruit residents for July 1, 1977, and we look forward to the launching of the residency training program in 1978. Applications are being received in gratifying numbers for the openings in the residency for July 1, 1979, and 1980.

Approval was also obtained for the addition of the second gynecologic oncology fellow from the American Board, so that the department will now have two oncology fellows in training at any given time.

Drs. Janet McArthur and George Richardson have begun planning a post-residency fellowship in reproductive endocrinology. During 1977, they conducted a survey of some of the established training programs around the country. The first post-residency fellow will enter the program in 1978.

The department was able to design and carry out reconstruction of the office spaces on the first floor of the Vincent Hospital. These changes were accomplished because of the very generous support of the Vincent Board. The reconstruction has been kept within the budget, and completed on time. It permits an increase in the number of physicians accomodated, and increases the complement of secretarial personnel, and last but not least, enlarges the size of the Director's office.

Another important change in space accommodations for the department was the acquisition of space in the Temporary wing, connecting the Vincent Hospital with the Warren Building. This permitted the removal of the Tumor Registry into that space, and allowed expansion of the research laboratories. In addition, it provides office space for the laboratory researchers, and increased the amount of functional research space.

Julie Agronsky was added to the staff as the Oncology Nurse for the department. The establishment of a regular meeting between psychiatrists, nurses, medical staff, and social workers quickly followed, for the purpose of more effectively dealing with the problems of the cancer patient and her family. The staff, in general, benefits because of the emotional stress associated with caring for cancer patients. The meetings have improved the teamwork, and have increased the comfort afforded the patients, and have helped the families deal with the problem.

The research efforts of the Vincent Research Laboratories continues on an ever broader perspective. The addition of Dr. Thomas Badger to the research group opens up new avenues in the general field of neuorendocrinology, and more specifically, in the effects of nutrition on the reproductive system. Collaboration was instituted during 1977 with the Salk Institution on newly synthesized substances for the induction of ovulation. This keeps the efforts of the research laboratory in the forefront in this important area of investigation.

The postgraduate course was held in September and again was oversubscribed and critically reviewed by the students as excellent. The physicians enrolled changed considerably, however, from young people preparing for specialty board examinations to older physicians preparing for recertification examinations.

Finally, I wish to express the gratitude of myself and the staff for the ever increasing support of the members of the Vincent Club and the superb cooperation of nursing, administration, and the many ancillary services so vital in medicine today.

JAMES H. NELSON, JR., M.D.
Chief of the Vincent Memorial Hospital

Report of the John Collins Warren Laboratories of the Huntington Memorial Hospital of Harvard University at the MGH

The increasing complexity of the machinery of growth and reproduction now being revealed in work from many laboratories never ceases to leave this writer in awe—and yet this infinite subtlety of construction cannot be otherwise, if one is to explain the development of a fertilized ovum into an adult human being. The sector of scientific inquiry related to study of the tumor inducing viruses of animals has recently become a glowing crucible in which new concepts relevant to the excessive growth potential of the tumor cell are being refined. It is impossible to search for molecular characteristics of tumor viruses without simultaneously examining their counterparts in the normal cells they invade and subvert. Thus, scrutiny of the molecular biology of tumor viruses enriches our knowledge of the genetic operations of normal cells, the details of which are still largely unknown.

Two events of great importance to our future understanding of the molecular biology of the gene have occurred during the past year. A new technique for determining the sequence of the letters in the genetic code has been worked out by W. Gilbert and colleagues at Harvard; and a new technique for linking together the individual genetic letters in the language of genetic prose has been perfected by S. Narang and colleagues in Ottawa, Canada. These two techniques have created a jump in orbit in the tools available to investigators for probing the relationship between the genetic code and its readout consequences in the living and dividing cell.

An exciting current activity of our laboratory has profited from these complementary quantum scientific jumps during the current year. This year our laboratory determined the sequence of 21 terminal nucleotides at the 3' (or right hand) end of the ribonucleic acid (RNA) of the virus which makes sarcomas in chickens; while simultaneously and unbeknown to us at the moment, Dr. Walter Gilbert's laboratory, across the river at Harvard, was determining the nucleotide sequence at the other end, the 5' (or left hand end) of this same molecule, 10,000 nucleotides (or genetic letters) away from the 3' end. Surprisingly, and yet logically, as with much of molecular biology when once understood, the 21 nucleotides at the two distant termini of this long viral molecule were identical. The enzyme which the virus provides to copy this 10,000 letter message into the deoxyribonucleic acid (DNA) language of the infected cell first makes a complementary copy of the 5' end of this genetic RNA molecule. This newly formed DNA sequence is now also complementary to the identical segment mentioned above at the 3' end of the molecule, and enables this long linear viral RNA molecule to form a circle, by means of the natural "stickiness" characteristic of complementary strands of nucleic acids.

It occurred to us that if we could synthesize the genetic complement to this terminal segment, present at both ends of the tumor virus RNA, we might be able to inhibit reproduction of the virus and transformation of normal cells into malignant ones—if we were to add the small segment of synthetic DNA to the medium in which chick cells infected with sarcoma virus were growing. A stretch of deoxynucleotides and complementary to the terminal segments of the viral ribonucleic acid was therefore synthesized for us by Dr. John Hachmann of Collaboratorive Research, Inc., using the new Narang method mentioned earlier.

To out delight, this synthetic compound, 13 nucleotides long, does inhibit replication of the sarcoma virus in tissue culture, and interferes with malignant transformation of chick cells. Our inference is that this synthetic viral competitor acts by preventing the circularization step required for newly formed viral DNA to become part of the genetic equipment of the infected cell. Dr. Mary Stephenson of our laboratories also finds that the synthetic DNA segment interferes with synthesis of specific proteins made under instruction of the viral nucleic acid. Thus a potential new specific way in which to treat or inhibit a variety of diseases caused by viruses may be opened up—by synthesis and use of short stretches of nucleic acids, designed to inhibit specific genetic features of a particular virus.

Due to restrictions of space, let us touch lightly on a few other interesting activities of these laboratories. According to various investigators, animal cell cultures transformed by tumor viruses show enhanced uptake of nutrients—even when cell division is inhibited. One could call the transport enhancement "overdrive." Untransformed confluent non-dividing animal cell cultures can also be brought into an overdrive of transport, by starving them for the fast fuel, glucose. Development of such a state of overdrive requires protein synthesis. Recently, Drs. Kalckar and Christopher have observed the state of transport overdrive in isolated membrane vesicles. In order to reinstate regulation, counteracting the overdrive, readdition of glucose will gradually bring about a slowdown of transport activity. However, they have found that this deceleration process also requires protein synthesis. The nature of transport carriers as well as the "deceleration factor" are under investigation. The possible interference with such a deceleration factor in tumor cells is also being considered.

An important backdrop to our degree of understanding of the unrestricted growth of the cancer cell is insight into the mechanisms by which normal tissues are able to grow rapidly when necessary, and then to revert to a resting state. A good model for this type of investigation is the rat liver. When two-thirds of this organ are removed surgically, the remaining third rapidly regenerates until the original amount of liver tissue is reconstituted—at which point the rebuilding process halts and the liver cells cease to divide. How is the growth process turned on, and how is it turned off? Dr. Nancy Bucher has pursued this question for many years in near investigative solitude. Recently however, her work has done much to make this model a popular one. The degree of advance of science has also facilitated pursuit of the regeneration process at a molecular level, and in the discovery of new growth factors, Dr. Bucher's pioneer work has begun to assume a central position.

Dr. Aisenberg represents the clinical arm of these laboratories, and he continues to uncover new information on the immunological defect present in natural defenses of patients with Hodgkin's disease, a malignancy of lymph nodes and spleen. Hodgkin's disease, in our view and that of other investigators, is a prime suspect as a human disease caused by a cancer virus.

PAUL C. ZAMECNIK, M.D.
Director

Report of the Department of Nursing

The year began on a discouraging but, when viewed retrospectively, a challenging note. An acute staffing crisis in the Gray 3A intensive care units demanded a curtailment of nursing services in these areas. An analysis of this phenomenon revealed a number of disparate but intimately related casual factors—namely, a national trend on the part of many nurses to desert the highly technical milieu of the intensive care work locale in favor of an environment in which a more holistic, personalized approach to care of patients and families was emphasized; a loss of both our recruitment and retention power because of our inability to grant nursing personnel every other weekend off—a benefit which our major competitors had been offering for some time; and the fact that our salary ranges had dropped significantly below those of the local market place. Cognizant of the fact that the two latter problems could not be resolved in one fiscal budget, we opted the route of the every other weekend off time benefit, based on the belief that leisure time and quality of life issues hold a high priority in the life style of today's working force.

The additional positions to effect this personnel policy change were approved by the Board of Trustees in October, 1976, and, by April, 1977, after a large scale recruitment effort, we were well on our way toward the implementation of this long-awaited employee benefit. It is important to point out, however, that a rigorous educational program on the principles of cost-effective and equitable time-planning preceded the policy change. The wisdom of this administrative decision is demonstrated by a stunning reversal in turnover rate and a marked improvement in employee morale. The departmental turnover rate for fiscal 1976-77 dropped to 27%—a decrease of 12% from the previous year. The writer is compelled to allude in passing to a comparison with the turnover statistics for the first year of her tenure—namely, a 78% departmental turnover rate, a year in which 833 registered staff nurses were hired and 742 from this position category terminated!

The arrival in Spring, 1977 of the newly-appointed Director of Human Resources made possible an in-depth market study of the salary and wage program of the Department. The findings of this study resulted in a significant market adjustment for selected position categories, effective for fiscal 1977-78. With this projected salary adjustment, we believe the future augers well as regards our ability to keep our positions filled.

We view as equally significant an administrative decision to inaugurate a modified merit system of salary increases for all employees, as opposed to the former policy of an automatic salary increase on the employee's employment anniversary date. We support the merit system concept in the belief that quality of performance should be a basic criterion in the determination of financial reward for any employee.

During the past year, the Department has felt the impact of a legal decision effecting the utilization of one group of practitioners in the nursing field—the private duty nurse. A Department of Justice ruling has nullified the interference of professional organizations or institutions in the matter of establishing a relative value system for the services of independent contractors. Since January, 1976, the private duty nurses within the Commonwealth have exercised the freedom to set their own individual rates. This situation has created a dilemma for some patients and families, who tend to confuse these nurses with Department employees. To date, we have scrupulously avoided any interference with the rate-setting activities of these practitioners. In fiscal 1977-78, we plan to explore this multifaceted problem with the aim of effecting a resolution which will serve the interests of consumer and practitioner alike.

Health care system literature, both from the private and public sector, is replete with admonitions on the need for equitable deployment and rational utilization of available manpower resources in this era of cost and quality control. In fiscal 1976-77, the Department concentrated much effort on the study of these issues as they related to its operation. During the past decade, the Department has inaugurated a structural reorganization along the line of a respective nursing service orientation, as opposed to a building orientation. It has been heartening to witness the current institutional emphasis in this direction. In collaboration with the consultant firm of Ernst & Ernst, the Department laid the groundwork for the initiation of a Patient Acuity Classification System in fiscal 1977-78. The system will embrace an ongoing measurement of the nursing needs of patients by unit and will serve as the statistical basis for the reallocation of nursing staff and the release of nurse manpower hours from non-nursing tasks.

The limitations of space demand that the remainder of this report concentrate on but some of the major accomplishments of the past year. These include:

— A measurable movement on the part of the nursing staff toward the goal of increased professionalization of nursing practice. After a decade of effort to establish the supportive framework, fiscal 1976-77 was characterized by a burgeoning response of individual and collective staff members to the internally and externally imposed mandates for increased responsibility and accountability for the quality of services rendered. Stated philosophies and objectives of nursing care reached fruition with an emphasis on the individualized care needs of patients and families, as opposed to the more fractionalized team concept approach of the earlier years of the decade. As a result, there was marked evidence of improved quality of care, increased patient satisfaction and increased job satisfaction on the part of the practitioners.

- The transfer of General Hospital Medical Nursing Service to new quarters in the Bigelow Building—a move that was complicated by a series of interim moves of selected White Building units to the Bigelow facility to permit extensive renovation of these units. This operation can be cited as an outstanding example of superb interdisciplinary and departmental planning and cooperation.
- The closing of the White Recovery Room for extensive remodelling and activation of an interim recovery room facility in the Jackson Building as a temporary replacement.
- The inauguration of a special therapy unit on Baker 5 South for the regionalization of medical oncology patients undergoing sophisticated chemotherapeutic regimes.
- The inauguration of a unit dose system of medication administration for the General Hospital Medical Service, utilizing the new satellite pharmacy on Bigelow 8.
- Continued incorporation of the nurse practitioner in the group practice arrangements of the Ambulatory Service.
- Certification of the Adult Nurse Practitioner Program by the American Nurses' Association.
- The development of plans to place the Renal Dialysis Nursing Service under the aegis of the Department of Nursing in October, 1977.
- Significant progress in expanding and improving the educational and research activities of the Department.

MARY E. MACDONALD
Director, Department of Nursing

Report of the Social Service Department

This year again has been characterized by continued efforts to meet the needs of a larger volume of patients without increasing staff. Our efforts to increase productivity have succeeded in handling a 6.5% increase in numbers of patients without enlarging the staff. Thus, in view of inflation, the cost of a unit of service has been held steady. This has been no simple task for the staff of the department in view of the continual shrinkage of community resources needed by patients being discharged from the Massachusetts General Hospital.

As reported last year, the number of nursing home and chronic hospital beds continues to decrease in the state. Occupancy of existing beds remains maximal. The net result for our department is that we have planned discharge (transfer to another institution and home care) for 6% (7,107) more patients than last year. While the number of patients requiring discharge planning has increased, the proportion of these patients being institutionalized has decreased: 16% (1,934) fewer patients went to nursing homes or other institutions. Home care plans were developed for more patients (5,173 total) than during the previous year. In many instances home care arrangements could not be made in a timely fashion as home health agencies are overloaded and have waiting lists for various component part of home care services, most especially home health aides. In summary, despite maximum efforts, increasing numbers of patients have a longer than medically necessary length of stay because of the paucity of community based services. In fact, in comparing data for the entire twelve months of calendar year 1977 with data for the last six months only of 1977, one finds the average number of patients in the hospital beyond medical necessity is 37% higher per month for the last six months than for the entire calendar year.

In an attempt to begin to attack some of these pressing problems, we have developed a proposal for extended family care for elderly and/or frail patients. We are hopeful that we can obtain foundation support to pilot such a program in the coming year.

The department has been involved in the effort to integrate the neighborhood Health Centers in Charlestown (Bunker Hill) and Chelsea into the Ambulatory Care Division. This integration required considerable effort by all parties involved, in adapting the systems and practices already being used in the Health Centers to coordinate and mesh with those at the hospital. The Social Service Department worked with the Community Mental Health Departments at each Health Center to insure as rapid and effective transition as possible.

Recording and analyzing social service department encounters with patients, begun in ambulatory care two years ago, was expanded to the in-patient services in July 1977. This program in ambulatory care has provided very useful management information. The distribution of encounters (total 47,268 or 6% increase over last year) has provided data with which to redistribute personnel resources according to changes in the distribution of patients needing our services. For example, since the Cox Building was built the volume of requests for social service assistance has increased substantially.

	Number of Encounters	**Percentage Increase**
1974 - 75	2,343	
1975 - 76	2,635	12%
1976 - 77	3,288	25%

These data have enhanced our ability to make the most effective distribution of staff.

In addition, we provide data to each individual member of the staff about his or her productivity and a comparison with the departmental average. This mechanism has resulted in greater (total) individual and departmental productivity.

While this monitoring system has benefited internal management, we have also developed it in anticipation of governmental demands in this area. The Medicare and Medicaid Anti-Fraud and Abuse Amendments passed by the Congress require a uniform system of reporting social services. This system will probably be very similar to the one we have instituted.

In fact, great credit is due the staff of this department. Despite the anxiety which can naturally be expected to accompany the institution of a system which will monitor individual productivity, staff members have responded constructively. They have accepted this system with the realization that it is better to develop such a mechanism internally than to have it imposed from without.

Again the department has been able to assist a large number of patients in financial need due to the generosity of the following individuals and trust funds:

American Cancer Society
Edward Bird Trust
Dorothy Boardman
Ethel Walcott Chase Fund
Dr. John C. & Melba Coolidge
Lotta Crabtree Trust
Cushman Cancer Fund
Edith S. & Francis B. Fisher Memorial Fund
Ladies Visiting Committee
Lend-A-Hand Society
Mrs. Carol McKee
Mrs. Alice Boardman Moorish
Mrs. Helen Mugar
Elsie M. Robbins Fund
In Memory of Billy Schwartz
Shaw Fund for Mariners' Children
Frederick E. Webber Charities
Whitehouse-Foster Memorial Fund

A total of $129,207.89 was expended on behalf of patients in need. $57,992.79 was reimbursed to the hospital by third party payors for transportation of individual patients to and from the hospital. Again, this category of expenditure was the largest, with others being assistance with nursing home costs, home care programs, medications and equipment. As a mark of the times, emergency allocations for food and other items of living expenses continue to increase each year through the totals for these items are kept relatively low.

17 candidates for the Masters degree from Boston College, Simmons and Smith College Schools of Social Work and 2 candidates from Middlesex Community College have received their practicum experience at the Massachusetts General Hospital during the past year. Each of these students has spent half time with us from September 1976 to June 1977.

ELEANOR CLARK
Director, Social Service Department

Report of the Dietary Department

It is gratifying to report that, in terms of the efficiency with which we expedited change, this year has been one of our best!

Almost simultaneously there was a melding of the dietary services in the Phillips House and Baker Memorial, and the inauguration of a single-phase management of the Medical-Surgical service. These administrative patterns afford a new degree of standardization through the more efficient scheduling of professional and supportive staffs. The logistics of these changes, coupled with revised personnel practices and the complexities of daily living in busy patient care units were analyzed and implemented by staff-personnel teams led by Jean Orser, R.D. and Ellen Mara, R.D., respectively.

Each of the central kitchens played major supportive roles in the transistory phases of patient-service revision. Bigelow 7 experienced the greatest change when the Bulfinch (Medical Service) patients were transferred. With the census increase they rely even more heavily on the White Kitchen for the production of all but short-order items. This shift in responsibility has reemphasized the complexity of the White Kitchen-Bakeshop Cafeterias multi-services which are, and must be, managed rigorously to optimize man-hours and available space within budget constraints.

Although we are proud of these achievements they simply represent progress—not total accomplishment. Though all direct expenses have been kept within predicted budget estimates, market conditions have impeded our progress. Records from in-patient clinical units reflect a vigorous growth for the demand of our services. For example:

Diet instructions—increased 17% in the past two years.

Instructional units for patient use—nine new units were developed this year.

New Protocols—Vincent-Burnham: low osmolar soy-protein isolate formula for infants with specific requirements; Ward 4: clinical investigation of magnesium and potassium depletion as therapy for certain intractable gynecological malignancies; Surgical Service; enteral feedings (chemically defined and standard) administered by continuous drip method.

Continuing expansion and participation in rounds, ECF visits and standing committees. A central tendency toward multidisciplinary approaches to practice has been apparent.

In this time of shifting federal emphasis toward delivery and services and provision of primary care and away from support of basic research and esoteric specialization, we find an increased demand for dietitians with the increased depth of a specialty emphasis superimposed on sound techniques and skills of the generalist clinical dietitian. For example, Federal conditions of participation mandate continuous participation of the experienced registered dietitian in services provided recipients for benefits authorized in PL 92-603 for End-Stage Renal Disease patients.

Thus, what occupied us most in 1977 was the progress we made in strengthening our capabilities to meet the demands of the 80's. Much of our confidence stems from a sincere appreciation of the talents of the members of our department. Dedicated to provide excellence in the quality of patient care, they strive to serve not only today's patient, but future patients as well, by doing their part in the education and training of the next generation of professional dietitians and by precept and example initiating evaluative procedures to assure responsible practice.

We look forward to yet another good year! Indeed, we are committed to making it one.

LOUISE HATCH, R.D.
Director, Dietary Department and Dietetic Internship

Report of the Advisory Council of the School of Nursing

The first meeting (1976-1977) of the Advisory Council of the Massachusetts General Hospital School of Nursing was held on Tuesday, September 28, 1976 in the Trustee's Room. The very first item on the agenda was an announcement relative to the new officers of the Council. Mr. Maurice J. Downey, representing the field of education, was re-elected Chairman for a term of three years. Mrs. David Morse, also representing the field of education, was re-elected Vice Chairman for a similar term of three years. Mrs. Casper Ferguson, representing the field of health, was re-elected a member for the term of five years.

Undoubtedly the one topic that sustained the attention of all the Council members during the entire year was the labile status of the Nursing School's petition to gain legislative authority to award collegiate degrees. During the preceding two years plans had been formulated by the Educational Planning Committee and approved by the Board of Trustees which would have provided for the phasing out of the diploma program and the activitation of collegiate degree granting one. Preliminary negotiations with the Massachusetts Board of Higher Education all seemed to be most favorable and promising and it was genuinely anticipated that the collegiate school would be in operation in the immediate future.

At our opening meeting in September, Mr. Richard Olsen, Director, Educational Planning, when called upon to make a report on the degree granting project stated that during the summer some totally unexpected snags had come into being. The Board of Higher Education, first of all, was undergoing staff changes and the new members would have to study our 500 page proposal. During this time, also, the Department of Public Health and the Rate Setting Commission had entered the picture with requirements of their own. In his comprehensive report Mr. Olsen also mentioned that certain of the colleges in the metropolitan area have entered objections to the establishment of a new school. At our final meeting in May Mr. Olsen was happy to report that the Board of Higher Education had approved our petition by an 8-2 vote and also that the other obstacles seemed to be vanishing. As a consequence of this unanticipated delay it was decided to enroll a regular diploma class in September of 1978.

At the annual meeting of the Faculty and the Advisory Council, held in March, the invited speaker was Mr. Phillip Burling. Attorney Burling is a recognized authority on education law and has been retained by the Nursing School to handle its legal affairs. He brought all present up-to-date on the recent developments in educational law especially as they applied to the field of nursing. He advised the nurses present to unite with their colleagues in the formation of a strong bargaining unit so that in these days of constant change they would be able to proact rather than merely react. In conclusion, as Chairman, I wish to thank the Director of the Nursing School and all the members of the Advisory Council for all the valuable assistance they have given both to the Nursing School and myself during this past year. It is my fondest hope that in my next report I will be able to announce the establishment of a precedent setting Graduate School of Nursing.

MAURICE J. DOWNEY
Chairman, Advisory Council of the School of Nursing

Report of the Massachusetts General Hospital School of Nursing

Despite the decision to admit another class into the School of Nursing being delayed for the third year until late November, the 361 applications received in time to be processed resulted in appointing a freshman class of 130, the maximum size. Of these, 122 actually enrolled in September 1977. The heterogenous composition of the class, with ages ranging from 18 to 50 years, was similar to those of recent years. Approximately 69 percent had already completed from one to four years of post secondary level study; two had earned a Master's degree. Men comprised 8 percent of the class. Fifteen states were represented, along with Israel and the Phillippine Islands.

Six foreign nurse graduates enrolled in either the maternal-child or mental health nursing courses. Requests for information about nursing were received from 448 college graduates, 159 inquiries specifically related to the proposed Master of Science Degree Program in Nursing.

Once again the delayed and extended admissions process had an impact on recruitment opportunities, forecasting budget, residence spaces and staffing needs, finalizing financial assistance awards, completing necessary immunizations, and having students and uniforms matched in size and ready for the first clinical day.

With 24 percent of the enrolled students commuting, additional residence space in Walcott House was released for office use by other departments of the hospital.

Of the 91 graduates of the Class of 1977, 64 took the licensing examination in Massachusetts, the remainder in 10 other states; 42 were employed at MGH, the remainder in a variety of health care settings, primarily in acute care. The results of the Class of 1975 follow up study, with a 66 percent return rate, indicated employment predominantly full time and as staff nurses in acute or intensive care in a variety of medical surgical specialties; 38 percent were enrolled full or part time as baccalaureate degree candidates. While generally expressing a high degree of satisfaction with their educational preparation for employment, concern for a lack of earned college credits was perceived by some as a handicap to educational mobility.

Student charges have more than doubled since 1971. For the third consecutive year tuition and fees were increased in September 1977, tuition by $200.00, room by $100.00. Financial assistance awards totaling $163,503.00 from Federal and private sources were made through the School to 39 percent of the enrolled students. Additional awards were dispersed, totaling $116,945.00 in state scholarships, guaranteed student loans, and basic educational opportunity grants. In comparison with 1975-1976, the number and percent of students receiving awards increased slightly; the dollar amount increased by approximately $64,000.00. Steady depletion of the School's scholarship funds, increasing competition for Federal and state funds, uncertain continuance or level of funding certain Federally sponsored programs, and the high need factor of a significant segment of our student population present serious problems. Additional sources of funds must be explored and extension of the student assistance provisions of the Nurse Training Act with no lessened appropriations is essential. Further progress was made toward compliance with various revised Federal regulations; in refining systems and policies for deferred payments and delinquent accounts; defining and verifying the financially independent student and fair level of assistance; and extending to a 10-week period from the beginning of a course, eligibility for percentage refunds in the event of withdrawal from the program.

The revised School bulletin incorporated expanded student consumer information. Establishment of a placement office facilitated access by students to a wealth of centralized data about employment opportunities and seemingly increasing recruitment activities of some out of state employing agencies. The career and educational resource center was completely updated with information and catalogues of colleges and agencies providing baccalaureate study in nursing or study in areas of career specialties for diploma program graduates.

Cooperative efforts of a member of the counseling staff, the Student Activities Committee and the residence staff yielded a diversified and effective series of professional, cultural, social, recreational and athletic activities. Initiation of a study skills workshop helped students coping with the heavy academic demands of the program.

Areas of curriculum change, evaluation, and refinement were related to course organization; evenness and distribution of student course load, including preparation time, throughout the program; provisions for clinical experience as patient care services and health care delivery systems undergo reorganization and change; definitions of satisfactory and measurable student progress; criteria for promotion and graduation; bases for determining quality point averages; and student retention.

The Palmer-Davis Library attendance increased by 19 percent, circulation by 25 percent. Journal and book collections grew. Technical capability for computer-assisted instruction, a carrel for viewing filmstrips and a microfiche reader were added. The relocation of the Instructional Resource Center through a space trade-off provided improved access and utilization, and for simulated learning experiences. Notable among many instructional materials prepared were eight slide tape productions by faculty and one produced by a student, all with the encouragement and assitance of the Media Consultant. Systematized decision making in relation to accessions and services and the responsiveness of the library and Instructional Resource

Center to an expanding and diverse user population contribute to the appeal, value and essential nature of these facilities for curriculum implementation. Increased and regular use by other departments of the hospital makes possible certain reciprocal services and beneficial sharing of resources.

Throughout the year I have been grateful for the stability, loyalty, and competence of the staff who have not allowed constraints and limitation of resources to limit imagination, strivings, and accomplishments; and who have accepted the challenge of ever present change and uncertainty.

NATALIE PETZOLD, R.N.
Director of the School of Nursing

Report of the Treadwell Library

Work to fulfill basic goals set four years ago progressed smoothly and efficiently in 1976-77, aided greatly by the renovated working areas for the library staff. Demands for circulation and inter-library loan services increased by 30% over the last year; computerized literature searching requests increased by 70%. Such growth is an indication that the library is achieving some success in reorganizing the library to provide a more effective resource for information.

Collection Reorganization

Reclassification of the book collection using the National Library of Medicine Classification schedule was started this year. The use of the Boston Medical Library Classification which has not been updated since 1946 has made it very difficult to group books of like subjects together on the shelf for easy access and for productive browsing. This project is progressing steadily but slowly because the tasks have been added to present staff's daily work load.

The one year study of journal use and needs was started. In-library use, photocopy area use, and inter-library loan requests were tabulated as part of this study. These data are to be manipulated by computer and related to cost and space required in order to develop criteria for an appropriate cost-effective journal collection. Space and cost restraints make it extremely important that such information be developed and provided routinely for decision making in maintaining a journal collection responsive to user needs.

At the request of the General Executive Committee, the Library began a survey of departmental and unit library collections in the hospital to provide information on resources which might be available for intra-institutional sharing. This survey should provide information on the content and function of each collection. Further, it should potentially increase the resources of the Library and should help to develop cooperative participation in the development of collections for the Treadwell and for each departmental and unit library.

An intensive project to replace missing issues in the journal collection has been partially completed. A new system for replacing and binding issues promptly has solved the missing issue problems for current volumes.

Services

In March, we again conducted our annual week long survey of who was using the Library and why. Results of the survey showing use by job titles revealed that physicians, researchers, and medical students represent 79% of the users. Reasons for visits were catagorized to represent the three main goals of the institution as follows:

Research—45%, Patient Care—12%, Education—14%, Other (which included self-instruction as well as other miscellaneous reasons)—36%. This study along with the 1976 study will be used as a base for comparison in the future.

Development of the computerized literature search service progressed successfully. Emphasis was placed on the use of this capability for answering patient care questions. Instructional sessions on the capabilities of the system were conducted for House Officers in Medicine, Pediatrics, Orthopedics, and Surgery. During this exploratory phase, we found that House Officers did not know how to use the printed **Index Medicus** effectively so that instruction was provided on indexing policy for the **Index Medicus** as well as for its computerized data base. This searching capability was greeted with great enthusiasm by the Services with which we worked. At the end of the exploratory phase, we offered five free searches to other services. The success of this phase added to the previous year's success in meeting research needs convinced the Staff of the importance of this computerized searching capability and of the need for a qualified search analyst. Projected estimates of growth have showed that within the next year this service should become self-supporting.

In the past, Reference Service has been given only haphazardly to users of the Library. Renovation of the Information Desk area and better organization of staff made it possible for us to start providing traditional Reference Service to users on the telephone as well as in the Library. Reference librarians are on duty 6 hours a day to help users find the information they need for their work and in short to demystify the process of locating information necessary to their efficient functioning as health care professionals. Data on the kinds of questions used have been collected in order to assist in further developing the service and to improving the reference collection.

Conclusion

By the end of this next year, we expect to complete the following projects: book collection reclassification, missing issue replacement, developing cost-effective criteria for revising the journal collection, developing the computerized search service to self-supporting status. In addition, we will explore other means of actively supporting the information requirements of MGH health care professionals.

JACQUELINE BASTILLE
Director, Treadwell Library

Report of the Volunteer Services Committee

The Volunteer Services Committee continues to bring together and organize the volunteer efforts of the auxiliaries within the hospital, including the Ladies' Visiting Committee; the MGH Service League; the Ladies' Visiting Committee of the Massachusetts Eye and Ear Infirmary; and the Vincent Hospital Board of Managers. The Volunteer Department, obviously, works closely with the Committee and the leaders of the various groups.

In addition to the in-hospital members, the Volunteer Services Committee has representatives from the McLean Hospital, the North End Community Health Center, the Bunker Hill Health Center, and the Chelsea Community Health Center. The Committee met three times during the year. The winter meeting was held at the MGH. Dr. Charles Sanders, Director of the MGH, spoke of plans for the new Ambulatory Care Center. The spring meeting was held at the Charlestown Community Center and included a presentation of the Center's new groups for mental health patients and plans for a future health fair. The fall meeting was held at McLean where Mr. Jack Dunn spoke on the history and growth of the Arlington School at McLean.

The meetings have proved both interesting and informative. The opportunity to visit other facilities to learn about them is valued by all the member groups.

MRS. NELSON W. ALDRICH
Chairman

Report of the Volunteer Department

The past year has been a momentous one for the Volunteer Department, including both joy and pride in the opening of the Flower Shop on May 5, and shock and sorrow at the loss, on September 20, of Miss Mary Ruth Wolf, Director of the Volunteer Department since October, 1954. A fitting tribute to her memory was the attendance of more than three hundred people at her memorial service held in the Moseley Rotunda on October 17.

In her first Annual Report Miss Wolf noted that 575 volunteers contributed 50,704 hours in 30 different areas within the Hospital; at the close of our statistical year, which ended two weeks after her death, 825 volunteers had contributed 71,738 hours in 40 different areas—an increase of over 20,000 hours in twenty years, surely a superb record and trememdous challenge for those of us who, following in her footsteps, try to prepare to meet the needs of the 1980's.

Congratulations to everyone whose corporate efforts helped to create at the center of the MGH complex the first in-hospital Flower Shop in New England. We are proud that it is almost entirely a volunteer effort with only one person on payroll. Volunteers not only staff the shop from10 a.m. to 7:30 p.m. during the week, and the weekend afternoon visiting hours, but also go to the flower market at 6 a.m. to do the buying. The satisfaction felt by Flower Shop volunteers is threefold: the pleasure that comes from working with plants and flowers, the knowledge that the proceeds will go directly to benefit patients, and the pleasure on the faces of the public as they look through the windows. Perhaps this is why so many MGH employees find the energy to stay on and volunteer for the early evening shift.

To our delight, the Jessie Harding Award Committee selected Mr. Charles M. Meyers to be the recipient this year. Mr. John Lawrence, Chairman of the Board of Trustees, made the presentation at the annual Volunteer Recognition Party. Since he first started volunteering 8 years ago, Mr. Meyers has contributed more than 5,456 hours, and the quality of his service is always in keeping with the finest MGH tradition.

We deeply regretted Mr. Irving Baron's announcement that he had to terminate his volunteer service. Mr. Baron has successfully chaired the hospital United Fund Drive for the past four years. However, we are happy to learn that he is not leaving the hospital family but has accepted the position of Supervisor of the White Information Desk, a crucial focal point in the Hospital.

We were saddened to hear of the deaths of Mrs. Francis H. Burr, member of the Ladies' Visiting Committee from 1965 to 1977; Mrs. Augustus Thorndike, who joined the Committee in 1934 and was Chairman from 1951 through 1954; and Mrs. Laurence Robbins, member of the MGH Service League. All three ladies were devoted to service at the MGH and were very active until declining health prevented their participation.

As I am writing this report, it is the evening of the year 1977. The first dawn of 1978 is nearly here. What are our hopes and expectations for the immediate future? In the past year our hours increased by 2,293, but the number of active volunteers dropped by more than a hundred. To meet our daily commitments, we must regain that hundred plus at least a hundred more. I do not believe this is impossible. Rather, because of my faith in voluntarism at the MGH, my hopes and expectations are that we shall, volunteer and department staff together, achieve this goal by January, 1979.

MAEVE BLACKMAN
Director, Volunteer Department

Report of the General Store

Balance on Hand - December 31, 1976			$ 46,126.90
Cash Receipts			263,533.62
Total Receipts			$309,660.52
Expenses:			
Salaries	$ 59,434.29		
Fringe Benefits	6,240.60		
Hospital Pension (Burnell)	475.68		
Social Security	3,370.71	$ 69,521.28	
Equipment (Charged to wrong Fund)		(463.95)	
Stock Purchased			
Outside Vendors	$161,697.31		
Upper Store	25.13	$161,722.44	
Utilities		115.13	
Miscellaneous			
Comm. of Mass. Sales Tax	4,476.79		
Maintenance	75.12		
Photo Lab	30.00		
Christmas	140.00		
Dispatch	4.00		
Freight Charges	91.20	$ 4,817.11	
Total Operating Expenses			$ 235,712.01
Paid to Ladies Visiting Committee		20,000.00	
Loans to Flower Shop		6,500.00	
Loan to Coffee Shop		10,000.00	$ 36,500.00
Balance on Hand December 31, 1977			$ 37,448.51

SUMMARY

Receipts	$ 263,533.62	
Expense	235,712.01	
Cash Gain	$ 27,821.61	
Decrease in Inventory	1,897.45	
Operating Gain for 1977	$ 25,924.16	
Value of Inventory December 31, 1977		$ 12,966.08

The fiscal year of the General Store remains on the calendar year.

VIRGINIA H. GRAY
Treasurer

Report of the Ladies' Visiting Committee

The Ladies' Visiting Committee has much to be proud of in this its 108th year. We have continued to support the MGH in three particular ways—by our volunteer service, by financial aid, and by the creation of new projects. The quality of our volunteer service is superb and we are hopeful of increased support from this group. We must, as individuals and members of the LVC, make a real commitment to support these programs.

Our financial contributions were many and varied, from $28,000 for the Flower Shop construction to $15 for cooking utensils in Radiation Hospitality. Including our regular budgeted monies of $10,000, we contributed $60,000 to the hospital.

Two high points of the year were the publication of the Spanish booklet and the opening of the Flower Shop. This booklet is only the first in our attempt to improve communication between our many non-English-speaking patients and the staff. The Flower Shop has engendered not only cheer and beauty but will hopefully increase our income. Both Mrs. Stanley W. Swaim, for "Ingles en el Hospital", and Mrs. Francis U. Paige, for the Flower Shop, deserve our heartfelt thanks and praise.

Our appreciation goes to all the chairpersons, committees and volunteers for their many hours of personal service. I would particularly like to thank Mrs. William Speer for her devotion to Radiation Hospitality.

The Volunteer Department and the LVC suffered a deep loss in the death of Miss Mary Ruth Wolf on September 20. She had been Director for many years and was a loyal friend to the LVC and the hospital.

The Ladies' Visiting Committee recorded with deep regret the deaths of Mrs. Francis H. Burr and Mrs. Augustus Thorndike, both of whom meant so much to us and the MGH. We welcomed as new members: Mrs. Joseph C. Donnelly, Jr.; Mrs. William S. Olney; Mrs. Gordon S. Myers; and Mrs. David Thibodeau. We accepted with regret the resignations of: Mrs. Roland D. Grimm, and Mrs. John B. Merrill. We are particularly grateful to the following for speaking to the Committee: Dr. Charles Sanders, General Director; Mrs. Miriam Fern, Director, Patient Activities Center; Dr. Jerome H. Grossman, Director, Ambulatory Care; Miss Martine Hue, Volunteer Interpreter; Dr. Ronald W. Lamont-Havers, Deputy to the General Director for Research Policy and Administration; Dr. Roman W. DeSanctis, Cardiologist, and Dr. John D. Stoeckle, Chief, Internal Medicine Division, Ambulatory Care.

I sincerely hope that the forthcoming year will bring the greatest participation yet in the MGH by the LVC.

LOUISE C. RIEMER
Chairman of the Ladies' Visiting Committee

Report of the MGH Service League

At the end of the Service League's 26th year we had a membership of 385 including staff wives, house staff wives, and friends of the MGH.

Under the able chairmanship of Mrs. Frederick T. Hurley the reception center registered 84 International Visitors from 31 countries including, for the first time, the U.S.S.R. Housing chairman, Mrs. Lawrence E. Martin, recorded 104 requests for housing with single visitors accounting for the largest number of requests. Mrs. C. Miller Fisher and Mrs. Henry Warner, co-chairmen of the Furniture Exchange made 90 trips to the storage facility at McLean Hospital and report that 50 visitors received furniture. Ten donations of furniture were received and five sets of mattresses were purchased. Miss Alice Banard, ticket chairman, received and distributed 117 tickets to our visitors. These included 40 tickets to the Boston Symphony Orchestra and 63 tickets to the Peabody Masan Music Foundation.

This year we've added a new twist to our chapel concerts. We have video-taped two concerts including the Christmas Concert. We hope to tape the remaining concerts this year. They are shown on the closed circuit TV at the MGH and can be replayed when time permits. Mrs. Albert C. England, Chairman of Chapel Concerts, has arranged 15 concerts with a great wealth of talent.

Mrs. Joseph N. Lyons, Clinics Chairman, reports that 16 Service League members gave 2,251 hours in seven divisions. This is a decrease of 7 members, 808 hours and 1 division since last year.

The Coffee Shop is sponsored alternately by the Service League and the Ladies' Visiting Committee. This year Mrs. Alfred Kranes is the League's Chairman.

Due to changes in the Pops organization we were only allowed 552 floor seats and 190 first balcony seats. Our status was reduced from "MGH Night at the POPS" to "Among those-in Attendance." We had to return many requests for floor seats and have been promised 950 floor seats for this year. As a result of these changes the net profit from the Concert was only $552.

Co-chairmen for Hospitality, Mrs. Grant V. Rodkey and Mrs. Frederick H. Levine, report a successful series of 9 events in the summer program: 4 pool parties in July and 5 beach parties in August, involving from 70 women and children at larger gatherings to 28 at a smaller pool. Mrs. Rodkey is planning several area coffees for this winter and spring.

Miss Katherine Mohr, Service Records Chairman reports that in 1977 there were 57 members in regular jobs who contributed 7,256 hours to the hospital.

Due to a freak snow storm on May 10th our annual meeting had to be postponed until June. Mrs. Harry R. Healey, Jr. presided at the Annual Meeting. Mrs. George E. Battit substituted for the incoming President, Mrs. Glenn H. Roberson, who was home with a week old baby boy.

Mrs. William Coleman, House Staff Chairman, reports that the welcoming party for the new House Staff wives was well attended and there are several area coffees planned for this spring.

The Mid-Winter luncheon, chaired by Mrs. George I. Nardi, will be held early in March with Miss Monica Dickens as guest speaker.

When Ruth Robbins, a former President, passed away this fall the family requested that in lieu of flowers donations be made to the Service League. This money is being placed in a trust with the proceeds going to a patient oriented project to be named in the near future.

MARY ROBERSON
President of the Service League

Report of the Department of Pastoral Services

Beginning its fourth year of life in October, 1976, the Department of Pastoral Services consists of its director; a full-time secretary; eight non-stipended Chaplain Residents; three volunteer Catholic Chaplains; a volunteer part-time Jewish Chaplain; and six indispensable volunteer lay persons who assist in patient calling and office work. One volunteer, Mr. John Barry, has been providing vacation relief for our secretary at no cost to the hospital, and another volunteer, Mr. Charles Meyers, was recently awarded the Jessie Harding Award for his many hours of services to the hospital.

Increasing demands of patients, relatives and staff have led our Chaplain Residents to an increased focus on ministry in catastrophic and terminal situations. Without the dedicated work of these Residents (who are students in the MGH School of Pastoral Care) many critical encounters with illness and loss would be extremely detrimental to the mental, spiritual and physical health of patients and their families. With the help of our Chaplains, many people find that their crisis situations here at the MGH can be a time for growth and victory, not just loss and failure.

Decreased personnel and financial resources have led to a reduction in the ministry that has been provided by the Marist Fathers and the Associated Synagogues. The Jewish and Catholic Chaplains continue however, to give invaluable assistance to their "flocks" in this institution, and we continue to be thankful for their presence. The Greek Orthodox Church also has designated the Pastor of the Church of St. Constantine and Helen, in Cambridge, to be chaplain of the Greek Orthodox patients here.

The MGH School of Pastoral Care (supervised by Chaplain Reed) has been granted a one-year extension in its ten-year evaluation by the Association for Clinical Pastoral Education, Inc. The development of an Advisory Committee, the setting of educational and supervisory standards, and an allocation of resources must be achieved in this year. Loss of accreditation could bring to an end the Chaplaincy Residency program (begun in 1932) which provides us with our only nondenominational, pastoral counseling-centered coverage for this institution. Our School continues to attract students from around the world, including, this year, Hawaii and Canada. Women outnumber men; about half are Roman Catholic. Mid-career changes have led a majority of our students to seek Clinical Pastoral Education as preparation for the professional hospital chaplaincy.

The Director continues to serve on a variety of MGH, local and national committees. He has been engaged as a consultant to hospitals, churches and nursing homes, and has taught in several continuing education programs. He is a Clinical Associate of the faculty of two theological schools; is President of the Boston Cluster for Theological Education, Inc.; and recently was designated Diplomate in the College of Chaplains.

One very pleasant development which has caught the attention of our hospital family is the providing of fresh flowers for the nondenominational Chapel. The Ladies Visiting Committee supplies the money, and the MGH Flower Shop orders the flowers and helps Chaplain Leonard Haley in the arranging. These fresh flowers have been the source of inspiration to many of the thousands of people who use our Chapel each year.

THE REVEREND ALLAN W. REED
Director, Department of Pastoral Services

Dalton Scholarships

Dalton Scholar Awards will be made to young physicians for significant contributions to the advancement of medical knowledge and for individual promise for continued scholarly work. The fund will be available on a flexible basis to members of the MGH Staff under 40 years of age for:

1. Support of a scholarly endeavor - especially one involving (a) innovation and (b) widespread hospital benefits.
2. Foreign travel by a member of the hospital staff under age 40 with a potential for aiding the hospital's research or educational program.

The fund will be administered by an **ad hoc** committee composed of three members of the General Executive Committee appointed by it (each to serve for three years, with one member rotating off each year), which will consider applications made to the General Executive Committee and will report its recommendations to the General Executive Committee for final action.

Warren Triennial Prize

The Warren Triennial Prize was founded by the late Dr. J. Mason Warren in memory of his father, and his will provides that the accumulated interest of the fund shall be awarded every three years to the author of the best dissertation considered worthy of a premium on some subject in Physiology, Surgery, or Pathological Anatomy, the arbitrators being the General Executive Committee of the Massachusetts General Hospital.

The submission of special theses or essays is no longer required for this competitive prize.

The Warren Prize Lectures, selected for outstanding work in medical science, are nominated to the Trustees by the General Executive Committee.

In 1977 the Warren Triennial Prize was awarded jointly to Dr. Seymour Benzer of the California Institute of Technology and Dr. Walter Gilbert of Harvard University.

PLANNED GIVING
WILLS AND BEQUESTS

The founding of the Massachusetts General Hospital in 1811 and its notable service over the succeeding years have been made possible in large part by generous gifts and bequests. Now, in addition, planned giving arrangements, including the givt annuity, the charitable remainder unitrust, the charitable remainder annuity trust, and the pooled income fund, are available — and are being used — to the mutual benefit of donors and the hospital.

Funds may be left by will to the Massachusetts General Hospital in one or more of the following ways:

A cash bequest leaves a specific dollar amount.

A bequest of all or a stated percentage of the residue of an estate gives the hospital all or such stated percentage of the balance of the estate after payment of debts, taxes, expenses of administration, and specific bequests.

A bequest of a remainder of a charitable remainder trust after a life estate in a surviving spouse or other beneficiary(ies) gives the hospital all or a portion of the principal sum of such trust following the death of the spouse or other life beneficiary(ies).

A contingent bequest makes the hospital the beneficiary only in the event that other designated beneficiaries fail to survive the donor.

Should you plan to include the hospital in your will — or should you be interested in one of the types of gifts described above — the hospital could suggest to you or your lawyer specific wording for carrying out your wishes.

Joseph C. Donnelly, Jr., Director of Development (telephone: 726-2200), would be pleased to hear from you and to provide whatever information you or your lawyer may seek.

One Hundred and Sixtieth

Annual Report

of

THE McLEAN HOSPITAL

A Division of
MASSACHUSETTS GENERAL HOSPITAL
1977

Belmont, Massachusetts

MASSACHUSETTS GENERAL HOSPITAL
McLEAN HOSPITAL
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Marsha Vannicelli, Ph.D.

Associate Child Psychologist
Robert B. Brooks, Ph.D.

Associate Attending Psychologists
Abram Chipman, Ph.D.
Norman A. Neiberg, Ph.D.
A. Michael Rossi, Ph.D.
Ralph G. Semon, Ph.D.

Assistant Psychologists
Mary Lou Cheal, Ph.D.
Susan V. Eisen, Ph.D.
Robert Fein, Ph.D.
Dennis K. Kinney, Ph.D.
Philip G. Levendusky, Ph.D.
Carolynn Maltas, Ph.D.

Karen Gross, Ph.D.
Barbara P. Jones, A.M. (Neurology)
Judith V. Jordan, Ph.D.
Ann Katz, Ed.D.
Wesley E. Profit, Ph.D.
Stephen J. Rothenberg, Ph.D.
Bonnie J. Spring, Ph.D.
Janet L. Surrey, Ph.D.
Gary A. Taylor, Ph.D.

Assistant Child Psychologist

Richard Monahan, Ph.D.

Assistant Attending Psychologists

Isaac Greenberg, Ph.D.
Ivan Gules, Ph.D.
Robert Jampel, Ph.D.
Sophie B. Mintz, Ph.D.
Charles M. Rice, Ph.D.
Peter Yaffee, Ph.D.
Harvey Waxman, Ph.D.

Associate in Psychology

Jean K. Mason, M.A.

Assistants in Psychology

Betty-Jane Scheff, M.Ed.
Laura Zimmerman, M.T.S.

Assistants in Child Psychology

Ava M. Bry, M.S.
Catherine R. Higgins, M.Ed.

Postdoctoral Fellows

Susan Abelson, Ph.D.
David Roth, Ph.D.
Joseph Shay, Ph.D.

Fellows

Daniel Brown, M.A.
Sharon S. Burr, M.A.
Robert Clyman, B.A.
Esther T. deSimpser, M.S.
Carol S. Ginandes, Ph.D.
Nancy Goodman, M.A.
Arthur Klein, M.A.
Smadar Levin, M.A.
Karlen Lyons-Ruth Ph.D.
Robert Marbleston, M.A.
Gil G. Noam ("Diplom Psychologe")
Richard W. Phelps, B.A.
Regina M. Todd, M.S.
Hedy Wermer, M.A. (Neurology)
Renate Wacj, ("Diplome Psychologe")
Marcia H. Wright, B.A.

Clinical Fellow in Psychology

James A. Burruss, Ph.D.

Research Fellow

Louis A. Sass, M.A.

Report of the Director

In 1965, the long-range development plan for McLean approved by the Trustees called for expanding and strengthening the hospital's research programs.

That goal was fully realized in 1977 in the year's most significant events: The completion of construction of the Mailman Research Center in April; the move almost immediately of Dr. Seymour S. Kety and his research group to McLean; and the center's dedication by First Lady Rosalynn Carter at the turn of the year.

Impact on Research

These events were and are significant for many reasons. First, they added major new dimensions to McLean's historic leadership position in research. This position dates back to the last century when, recognizing the imporatnce of research to effective treatment, McLean was one of the first hospitals to establish biological and psychological research in laboratories in a psychiatric setting.

Secondly, the time is most auspicious for establishing a comprehensive research program in the psychoses. More has been learned about the relationship between the brain and behavior in the past 25 years than had been accumulated in the previous history of civilization. It was this factor, together with McLean's clinical and research strengths and the close proximity to a large patient population that it affords, which attracted outstanding scientists from other institutions to the center and which prompted its establishment. Investigators from McLean, Harvard, Massachusetts General Hospital and the Massachusetts Institute of Technology now working at the center represent a broad spectrum of neuroscientists and clinicians. Their close collaboration insures that clinical studies of the mentally ill and fundamental research into the brain and nervous system—approaches which nationally have tended to proceed along separate lines—will be effectively integrated at the center.

An Historic Dedication

The dedication ceremony on October 3 (technically, the first working day of fiscal 1978, but reported here because of its affinity with the center's opening in 1977) was an historic event in the annals of McLean. Its timing was fortuitous—occurring almost simultaneously with the release of the preliminary report of the President's Commission on Mental Health which called for a substantial increase in federal monies for mental health research. Its dedication speaker was a gracious and ideal one—the Honorary Chairman of that commission, First Lady Rosalynn Carter.

The confluence of events gave McLean an unusual opportunity to have its concerns about the importance of the private sector in mental health care delivery heard in national government arenas, and to increase public awareness of the needs of the mentally ill. Sixty representatives of the news media were among the group of 1,300 dignitaries and friends of McLean who attended the dedication and toured the new facility. Mrs. Carter's comments on the new center, her tributes to the private sector's accomplishments, and her concerns about the mentally ill were widely reported in the news media.

Significance of Fund Raising

As I review the center's establishment, I see its significance not only in the above and in the scientific advances it promises, but also in what it says about McLean's continued viability as an institution, and its ability to rally people to what it sees as important to be done in the psychiatric field.

Its construction was made possible by the largest single fund-raising venture in McLean's history. Within three years, the hospital raised over $3 million wholly from private philanthropy, which included a substantial donation from The Mailman Foundation to which we are deeply indebted.

This was especially gratifying since it was only in 1968 that McLean established its Development Department and assumed responsibility for its own fund raising, with, of course, the assistance of the Trustees. Prior to that time, McLean had relied upon the fund-raising efforts of the Massachusetts General Hospital.

This step was taken when it became clear in the sixties that the financial needs of the General Hospital would always require it to raise money on a continuing basis for its own development and expansion, and that hopes that the corporation might devote itself to fund raising for the McLean during periods of lesser need on the part of the General were not realistic.

That step was taken with some uncertainty and trepidation, however. We had several concerns: Would we find a natural constituency of patients and relatives to draw upon, and to whom we could effectively communicate the hospital's financial needs? Given the attitudes which still surround psychiatric illness, to what extent would people wish to have themselves and their donations identified with a psychiatric, rather than a general, hospital? Would the length of hospitalization which is often required for effective treatment, and its considerable expense, themselves preclude large donations from patients and their families?

As the years have gone by, the success of our fund-raising ventures have dispelled these concerns. The first major test was raising funds for the Hall-Mercer Children's Center, but this task was considerably eased by the loan from Hall-Mercer and, also, funds received under federal community mental health center legislation. From the more ambitious, successful Mailman fund drive, we have learned that psychiatric hospitals are better understood and appreciated than they used to be; that McLean's contributions, in particular, are well recognized; and that there is still alive in the country a philanthropic spirit responsive to the needs of the private sector which has contributed so much to the development of health institutions throughout the nation's history.

Research and Other Organizational Changes

The report of the Psychiatrist in Chief more fully describes these changes in research: Dr. Folch-Pi's retirement in June; Dr. Pope's appointment as Director of The Ralph Lowell Laboratory; the renaming of that laboratory in honor of Mr. Ralph Lowell, Chairman of the McLean Committee of Trustees from 1946-1968; and the establishment of a Research Administration Office under Dr. Davis.

That office oversaw the receipt of $6.2 million in gifts and awards during fiscal 1977, of which $3.24 million was earmarked for that year, and it processed 49 grant applications. Research expenditures for fiscal 1977 accounted for 11.2 percent of McLean's total operating expenses for the year, and the number of its principal investigators increased 50 percent, to 66.

Other appointments this year included those of: George O. Papanek, M.D., as Chief for Outpatient Services; and Mrs. Rose Marie Hobson, M.S., as Director of Nursing. She succeeded Mrs. Mildred Makin, B.S. in Nsg. Ed., who retired after a distinguished 39-year career at McLean. Mrs. Hobson brings to her new responsibilities considerable nursing and administrative experience.

Accreditation

During the year, McLean was surveyed for accreditation in a more extensive and complicated manner than at any previous time. The latter was due primarily to Joint Commission on Accreditation of Hospitals requirements that adult, children's and alcohol services be surveyed separately, according to different standards. It was most gratifying that at a time when an increasing number of institutions were either not accredited or received one-year accreditation that McLean received a full two-year accreditation.

Other Business of the Year

The general state of hospital operations for 1977 was highly satisfactory. The hospital census remained high and many innovations were made in clinical and training programs. These are described in the Report of the Psychiatrist in Chief. Particularly noteworthy were the number of McLean-sponsored scientific symposia noted therein.

Also, during the year, new bylaws for McLean were approved and work continued on preserving and cataloging hospital archives.

Financially, the hospital ended fiscal 1977 on a sound fiscal basis, generating a surplus sorely needed not only for evolving clinical programs but also to maintain the hospital's aging physical plant.

During the year, McLean hosted a meeting of medical directors and administrators of private psychiatric hospitals and was visited by those attending the annual meeting of the Psychiatric Services Section of the American Hospital Association. The staff, as in previous recent years, gave much of their time to general educative efforts about mental illness. There were 16 instances of their appearing on radio or television. And the national wire services, and metropolitan Boston and local papers picked up a record number of McLean-generated educative features.

The McLean Annual Reports for the last two years have also focused strongly on public education about mental illness. The one issued this year included a section on the myths of mental illness which was reprinted as a public service for schools, libraries and other community groups. The prior year's report received several awards in 1977. Among them were best annual report among all specialty hospitals in the country (MacEachern Award); best annual report of all hospitals in New England (New England Hospital Public Relations Award); best published piece of any kind by New England hospitals (also NEHPRA); and a Printing Industries of America award in a contest including leading industrial firms. Miss Elena Volante, Director of Public Relations, and her staff, deserve much credit for these achievements.

Conclusion

In retrospect, fiscal 1977 was an unusually good year for McLean. While its major events—particularly those surrounding the opening of the Mailman Research Center—were most heartening, its many less momentous achievements also demonstrate the diverse, continuing, extra effort it takes to maintain the institution's vitality.

To all the many groups who contributed to the year's success—Trustees, donors, Auxilians, volunteers, staff and employees—we are grateful.

FRANCIS de MARNEFFE, M.D.
Director

Report of the Psychiatrist in Chief

For McLean Hospital, fiscal 1977 was marked by unusual activity in its three main areas of operation: patient care, teaching, and research.

Research

The year's most significant event was the opening of the Mailman Research Center in April when a contingent of scientists from the Massachusetts General Hospital, Harvard University, and the Massachusetts Institute of Technology joined the center. These individuals constitute the staff of The Laboratories for Psychiatric Research on the center's two top floors which Seymour S. Kety, M.D., directs. The laboratories include sections in genetics, under Dr. Kety; neuroanatomy, under Walle J.H. Nauta, M.D., Ph.D.; neurochemistry, under Jeffrey Gilbert, M.D.; neuropharmacology, under Ross J. Baldessarini, M.D., psychology, under Philip S. Holzman, Ph.D.; and a clinical unit, under Joseph F. Lipinski, M.D.

The center's first two floors house The Ralph Lowell Laboratory where a cadre of McLean scientists have been conducting research in neuropathology and biological chemistry. This laboratory, formerly known as the Biological Research Laboratory, was headed by Jordi Folch-Pi, M.D., for 33 years. Upon his retirement in June, and upon his recommendation, the laboratory was renamed in honor of Mr. Ralph Lowell, who served as Chairman of the McLean Committee of Trustees from 1946 to 1968, and whose support of research at McLean has left an enduring mark. Dr. Folch-Pi continues his association with McLean as Honorary Biochemist and Professor of Neurochemistry emeritus, Harvard University. Succeeding Dr. Folch-Pi as Director of The Ralph Lowell Laboratory is Alfred Pope, M.D., Professor of Neuropathology, Harvard University.

As the Report of the Director notes, the center was dedicated at the turn of the fiscal year by First Lady Rosalynn Carter whose special interest in mental illness is well known.

With the opening of the Mailman Research Center, McLean now has the world's most outstanding research center in the neurosciences in the private sector.

Also during the year, research continued at McLean's Alcohol and Drug Abuse Research Center as well as in other units of the hospital. As the need for more effective management of expanding hospital research activities become clear, a research administrator, Joseph H. Davis, D.Sc., was hired to coordinate the increasingly complex administrative aspects of research. Grants and gifts for research and training programs totaled $3.24 million for fiscal 1977.

Patient Care

The inpatient services at the hospital treated 1,606 individuals in 1977. The outpatient clinics, partial hospitalization programs and halfway facilities served 2,126 individuals. Thus, over 3,700 patients were treated during the year—43 percent on an inpatient basis.

The demands they posed for the clinical staff were great, first, because McLean has traditionally treated varied, often extremely complex, psychiatric conditions and, secondly, because more and more inpatients present very disruptive, acting-out behaviors.

The reorganization of the clinical service under five service chiefs to better manage the hospital's diversified patient care programs worked well in its first year of operation. During 1977, a sixth service chief post was created and George O. Papanek, M.D., was appointed Chief for Outpatient Services.

Changes and innovations during the year included: the establishment of an Affective Disease Program including an outpatient clinic which had served 71 patients by year's end; the opening of Hope Cottage as a 15-bed residence for chronically ill patients no longer requiring inpatient care; the establishment of a neuropsychiatric unit at Proctor House; and a number of changes at Appleton, McLean's alcoholism unit, and at the Outpatient Clinic. The former added two beds to its inpatient unit, established evening outpatient services, opened a second quarterway facility (Pleasant Street Lodge) for recovering alcoholics, and worked to develop an industrial consultation program. At the Outpatient Clinic, efforts were successfully made to better integrate its services with other hospital programs, resulting in 89 referrals from inpatient units versus 49 the year before.

A Committee on Adolescence was established during the year to look at McLean's diversified adolescent programs which have developed in response to the changing needs of our large adolescent patient population and to develop ideas for better coordination among them. Other such committees on cross-hospital clinical concerns are planned.

The Evaluative Service Unit completed five studies evaluating various aspects of clinical practice at McLean in 1977.

Also during the year, psychiatric services were provided on a contractual basis to Bridgewater State Hospital, Middlesex County House of Correction, Suffolk County Jail, and various courts involved in the Regional Probation CASE Project. These services were provided through McLean's Institute of Law and Psychiatry.

Training

The hospital continued its role in training students for professions in all the mental health disciplines and many allied fields. The McLean Hospital Residency Training Program became a four-year program through the addition of a new first year which includes a four-month experience in medicine or pediatrics. A task force of residents began an analysis of the program with special interest in creating guidelines of expected clinical experiences.

The McLean Facility for Continuing Education sponsored 24 continuing education programs for practicing professionals and another dozen through the Mental Health Continuing Education Consortium of which it is part.

Several major scientific symposia were held during the year. On October 21, 1976, McLean sponsored a symposium on "Advances in Knowledge About Substance Abuse." On November 15, another symposium was held at the hospital on the "Psychiatric Complications in the Epilepsies: Current Research and Treatment." On November 19 and 20, McLean cosponsored a New England Conference on the "Chronic Psychiatric Patient in the Community," which was held in Boston. Proceedings of these multidisciplinary conferences were printed and distributed to a wide range of psychiatrists, neurologists, and other health professionals.

During the 130th Annual Meeting of the American Psychiatric Association in Toronto, in May 1977, McLean sponsored a six-hour symposium on "Minor Tranquilizers in Everyday Practice." The Symposium attracted over 1,200 participants. In addition, throughout the week-long meeting, over 30 members of the McLean staff chaired programs or served as faculty and panelists on a variety of issues in psychiatry.

Finally, with McLean's Psychiatrist in Chief serving as President of the VI World Congress of Psychiatry, the hospital played a pivotal role in arranging symposia at that Congress in Hawaii, in late summer. Many McLean psychiatrists participated in the symposia and Mrs. Evelyn Stone, Director of Scientific Publications at McLean, served as Chairwoman of the Congress' Publications Committee.

Accreditation

During the year, the hospital's adult, children's and alcoholism services were surveyed for accreditation. This was the first time McLean's Appleton Treatment Center for Alcoholism was accredited separately. It is now one of the few accredited programs for alcoholism in the New England area.

Summary

At the beginning of each fiscal year, we are invariably confronted with the need to respond to any number of demands for service, on the one hand, and, on the other, with limitations posed by time, staff and fiscal restraints. It is a good year when its accomplishments, at year's end, demonstrate the soundness of earlier decisions on resource allocations.

Fiscal 1977 was such a year. The opening of the Mailman Research

Center, and the promise it holds for better understanding of the causes of mental illness, reconfirms McLean's traditional leadership role in psychiatric research and offers hope for the mentally ill everywhere. Innovations in patient care programs made in 1977 continue to make McLean able to offer a range of diversified clinical services that is unique in the nation. These, together with the hospital's educational accomplishments in 1977, made the year one in which all who were involved could take pride.

SHERVERT H. FRAZIER, M.D.
Psychiatrist in Chief

Report of the Administrator

McLean has temporarily deferred any further action on replacing and modernizing existing facilities through the Determination of Need process due to its negative experience reported last year, and proceeding with upgrading the physical plant on a piecemeal basis.

During 1977, $549,000 was spent on capital improvements from depreciation funds including $201,000 on equipment and patient furnishings. The primary emphasis continues to be on modernizing electromechanical systems for patient safety and comfort, and for energy conservation.

Projects included continued expansion of electromagnetic security systems in critical hospital areas and fire alarm systems; continued upgrading of dietary facilities, electrical and heating systems on the Belknaps, and upgrading of Centre Building offices and heating system; complete modernization of Pleasant Street Lodge as a five-bed aftercare facility for Appleton; remodeling the North Belknap II nursing station; expanding the Bowditch parking lot; and other varied projects.

The Research Building addition was completed on schedule in April 1977 at a cost of $3.28 million with funds raised through private nongovernmental sources.

In March, McLean received the full two-year accreditation from the Joint Commission on Accreditation of Hospitals for its adult, adolescent and children, and alcohol service programs. Specific recommendations related primarily to physical plant and medical records. Remedial action is being monitored through the Accreditation Committee.

The Rules and Regulations of the Medical Staff were revised and renamed "The Bylaws of the Professional Staff of McLean Hospital." Essentially, appointment and reappointment procedures are now consistent with those of the General Hospital.

The Utilization Review Plan was updated in July incorporating, in principle, the 1976 model criteria sets established by the American Psychiatric Association, Manual of Psychiatric Peer Review. During the year, 1,279 admission reviews and 1,679 extended duration reviews were completed; all but two were certified as requiring inpatient treatment. Two retrospective medical audits and five Evaluative Service Unit studies were completed and reviewed as indicated.

The insistence of third-party carriers for comprehensive medical record information prior to claims processing is further eroding the concept of confidentiality of the patient's medical record. Massachusetts Blue Cross is conducting on-site reviews for their plan, Medicare, and federal Blue Cross but has discontinued this practice for out-of-state plans. As a general rule, commercial carriers have not adopted this concept and probably will not because of logistical and financial considerations.

The first step in developing a computerized patient information system including admission, hospital movement, and discharge data was taken in October. The system is presently being debugged and should become operational next year.

The transition into the Harvard Medical Institutions Insurance Association has progressed smoothly. Experience to date has been highly satisfactory with some potential claims apparently resulting from efforts to collect outstanding patient receivables. One hundred and nine eligible physicians are participating at lower rates than those charged by the Joint Underwriters Association or other insurance carriers.

Safety and Security services and systems were expanded to better monitor physical facilities and to increase knowledge about hospital safety objectives. A 24-hour security monitoring center was established with closed circuit television as part of the Mailman Research Center access control system. The Director of Safety and Security was appointed Fire Marshall and assumed full responsibility for coordination of fire prevention and safety activities including drills, inspections and orientation. A monthly hospitalwide safety conference was established and has been well attended by both clinical and nonclinical staff. Because of our many buildings, the hospital conducts 206 fire drills per year including 12 for patient-occupied buildings every quarter per shift.

Federal and state regulations continue to proliferate with no end in sight. In June, regulations implementing Section 504 of the Rehabilitation Act of 1973 became effective prohibiting discrimination against qualified handicapped persons by recipients of HEW funds. There is no doubt that the general intent of the law should be supported, but adequate consideration has not been given to the possible financial impact on hospitals both in terms of employment practices and program accessibility.

State Determination of Need regulations now require hospitals to submit one and five year planning documents. Several questions have been raised as to whether these efforts can be considered meaningful planning efforts or simply more bureaucratic paperwork.

Everyone is concerned about health care costs—particularly those of us in the hospital field. There is no need to discuss the cause and effect relationship of inflation on hospital costs nor to describe the forty or so elements of hospital controls in operation today. What is disconcerting is that the cost of regulations plus the cost of the regulators does little to improve the quality of patient care and actually increases the cost of providing this care.

HENRY J. LANGEVIN, M.S.H.A.
Administrator

Report of the Assistant Director for Fiscal Affairs

Despite increasing pressures emanating from the regulatory environment, McLean managed to end the year with a solid record of fiscal accomplishment. As noted in the audited financial statements elsewhere in this report, there was further improvement in the accounts receivable area. These declined from a closing balance of $5.6 million in 1976 to $4.8 million in 1977—despite a general increase averaging 9 percent in hospital charges during 1977.

With this decline in accounts receivable, McLean was able to reduce its general fund indebtedness to the Corporation by $1,900,000, thus repaying some of the funds borrowed in prior years to support working capital requirements.

Finally, McLean ended the year with a surplus of $271,586. This figure was close to the $300,000 budgeted. It is of interest to note that, over the 10-year period 1967-1977, McLean has been self-supporting and, further, a net positive contributor to Corporation earnings of $397,000.

Given these accomplishments, it is difficult to appreciate the severe restraints under which they were obtained. The regulatory climate in Massachusetts is unique (and second only to New York) in the severity and multiplicity of controls and controlling agencies which pervade the health care industry.

The Massachusetts Hospital Association has identified and catalogued no less than 40 discrete avenues of health regulation now in force in Massachusetts. In theory, these controls represent useful attempts to promote quality care and patient safety.

In actual practice, the good intent of these controls is vitiated and fragmented because of the overlapping and duplicative nature of many of these 40 efforts as well as the differing interpretations placed on the same regulation by the different state or federal agencies responsible for that regulation's administration. For example, the Hill-Burton regulations were the focus of much concern because the state agency administering this regulation took a far more stringent interpretation of the law than did the federal agency responsible for the same regulation. As is usually the case, the hospitals in the state found themselves caught in the cross fire of conflicting bureaucratic ambition.

One might think that, with the existence of 40 separate control mechanisms, the Commonwealth would have sufficient leverage over health care operations to achieve the effect they want. Such does not seem to be the case. Each year sees a host of new regulatory measures. In recent years, we have witnessed attempts to control costs by the arbitrary imposition of ceilings or caps on allowable cost increases—despite federal laws which require that hospitals be reimbursed their actual costs.

Another attempt was the requirement for both a prospective and a retrospective review of hospital costs and charges. This posed a serious "Catch 22" situation for hospitals since changes in costs and charges are usually implemented at the beginning of the fiscal year and only **after** prospective prior approval by the state Rate Setting Commission. The requirement for retrospective review meant that, some time after the end of the fiscal year in question, the commission would review actual results for that year. If the hospital exceeded the cost and/or revenue figures approved by the commission, for whatever reason, they could order the hospital to "pay back" the excess revenue. On the other hand, should the hospital fall below its approved cost or revenue projections, it would not be allowed to recoup those losses in future periods.

Hospitals in the state mounted a legal challenge to both the arbitrary cap concept and that of retrospective review. Fortunately, these challenges were upheld by the courts and the two ill-conceived approaches to cost control were struck down.

One of the inevitable by-products of this never-ending regulatory merry-go-round is the unintended, but real, impact of compliance on hospital costs. There is little disagreement that the costs of complying with the externally imposed central system are contributing to the rapid escalation of health care costs. In order to cope with these pressures, hospitals have:

1. Added accounting and fiscal staff to deal with up to five separate audits and three separate cost reports
2. Increased their legal expense to deal with issues of informed consent, civil rights, bylaws, liability issues, capital financing, etc.
3. Diluted the time available of key executives and trustees to deal with internal hospital operations and forced these people to cope with HSA activities, PSRO requirements, CON hearings and appeals and visitations with legislators.

The impact of these and other activities necessary to understand and deal with the regulatory environment on hospital costs is inescapable. Health care is being strangled by regulations that deal with every aspect of treatment through utilization review, determinations of medical necessity, standards for medical records and even control of specific modalities. Still other regulations deal with patients' rights, insuring a safe hospital environment, control of costs and charges, eliminating discrimination, and ensuring access to hospital programs for all. Although well-intentioned, these control efforts at best overlap, at worst are contradictory, and undoubtedly increase the cost of hospital care.

ARNOLD R. SAITOW, M.B.A.
Assistant Director for Fiscal Affairs

Report of Hospital Population and Statistics

McLean Hospital

TABLE I
ADMISSIONS TO INPATIENT SERVICE 1976-1977
BY PREVIOUS HOSPITAL EXPERIENCE, SEX, AND RELATED OTHER CHARACTERISTICS

SCHEDULE A:	1st to Any				1st to McLean				Readm. to McLean				Total Admissions			
SOURCE	M	F	T	%	M	F	T	%	M	F	T	%	M	F	T	%
HOME	181	130	311	69	69	102	171	41	78	89	167	68	328	321	649	58
GENERAL HOSPITAL	22	49	71	16	16	20	36	8	8	12	20	8	46	81	127	11
MENTAL HOSPITAL	0	2	2	0	97	81	178	42	20	4	24	10	117	87	204	18
OTHER & NOT DETERMINED	40	28	68	15	18	19	37	9	19	15	34	14	77	62	139	13
TOTAL	243	209	452	100	200	222	422	100	125	120	245	100	568	551	1119	100
SCHEDULE B: DIAGNOSIS																
PSYCHOSES ASSOCIATED WITH ORGANIC BRAIN SYNDROMES	10	15	25	6	7	5	12	3	5	2	7	3	22	22	44	4
NON PSYCHOTIC ORGANIC BRAIN SYNDROMES	3	7	10	2	5	1	6	1	2	1	3	1	10	9	19	2
MENTAL RETARDATION	2	0	2	0	0	1	1	0	0	1	1	1	2	2	4	0
SCHIZOPHRENIA	31	24	55	12	53	57	110	26	39	28	67	27	123	109	232	21
MAJOR AFFECTIVE DISORDERS	6	19	25	6	33	29	62	15	23	24	47	19	62	72	134	12
OTHER PSYCHOSES	14	22	36	8	5	19	24	6	2	5	7	3	21	46	67	6
NEUROSES	23	39	62	14	20	29	49	12	10	19	29	12	53	87	140	13
PERSONALITY DISORDERS	37	32	69	15	30	47	77	18	8	17	25	10	75	96	171	15
ALCOHOLISM	63	24	87	19	25	17	42	10	26	16	42	17	114	57	171	15
DRUG DEPENDENCE	6	0	6	1	2	2	4	1	3	1	4	2	11	3	14	1
TRANSIENT SITUATIONAL DISORDERS	24	19	43	10	10	12	22	5	2	4	6	2	36	35	71	6
BEHAVIOR DISORDERS OF CHILDHOOD AND ADOLESCENCE	23	4	27	6	8	1	9	2	5	0	5	2	36	5	41	4
DIAGNOSIS DEFERRED & OTHERS	1	4	5	1	2	2	4	1	0	2	2	1	3	8	11	1
TOTAL	243	209	452	100	200	222	422	100	125	120	245	100	568	551	1119	100

SCHEDULE C:
AGES

3-13	40	11	51	11	3	2	5	1	2	0	2	1	45	13	58	5
14-20	74	46	120	27	69	58	127	30	27	25	52	21	170	129	299	27
21-30	47	45	92	20	62	61	123	29	46	31	77	32	155	137	292	26
31-40	20	29	49	11	21	32	53	13	23	19	42	17	64	80	144	13
41-50	27	25	52	11	18	29	47	11	9	16	25	10	54	70	124	11
51-60	20	14	34	8	13	18	31	7	10	14	24	10	43	46	89	8
61-70	8	9	17	4	10	10	20	5	2	10	12	5	20	29	49	4
71-80	2	20	22	5	4	12	16	4	5	3	8	3	11	35	46	4
81 +	5	10	15	3	0	0	0	0	1	2	3	1	6	12	18	2
TOTAL	243	209	452	100	200	222	422	100	125	120	245	100	568	551	1119	100

TABLE II
DISCHARGES FROM INPATIENT SERVICE 1976-1977 BY SEX AND SELECTED OTHER CHARACTERISTICS

DESTINATION:	M	F	T	%
HOME (PARENTAL OR MARITAL)	455	438	893	79
PSYCHIATRIC HOSPITAL (OR PSYCHIATRIC WING OF GENERAL HOSPITAL)	40	48	88	8
GENERAL HOSPITAL OR NURSING HOME	12	27	39	4
SCHOOL	13	6	19	2
FOSTER HOME	0	1	1	0
OWN APARTMENT	12	14	26	2
HALFWAY HOUSE	16	19	35	3
DECEASED	5	9	14	1
OTHER	11	3	14	1
TOTAL	564	565	1129	100%

CONDITION:	M	F	T	%
RECOVERED	6	2	8	1
MUCH IMPROVED	119	125	244	22

MODERATELY IMPROVED	210	211	421	37
SLIGHTLY IMPROVED	115	113	228	20
UNIMPROVED	107	104	211	19
WORSE	2	1	3	0
DECEASED	5	9	14	1
NOT DETERMINED	0	0	0	0
TOTAL	564	565	1129	100%

LENGTH OF HOSPITALIZATION:

	M	F	T	%
0-10 Days	63	62	125	11
11-30 Days	99	92	191	17
31-90 Days	296	279	575	51
91-180 Days	56	61	117	11
181-365 Days	35	48	83	7
1-2 Years (366-730 Days)	12	48	30	3
2-5 Years (731-1825 Days)	3	18	4	0
Over 5 Years (1826 Days and over)	0	4	4	0
TOTAL	564	565	1129	100%

TABLE III
INPATIENT POPULATION 1976-1977

TOTAL POPULATION	Beginning of Year October 1, 1976		Admitted During Year			Discharged During Year			Remaining at End September 30, 1977	
	In Hospital	276		1119			1129		In Hospital	261
	On Visit	211							On Visit	216
		487								477
			Male	568	51%	Male	564	50%		
			Female	551	49%	Female	565	50%		

DISCHARGED PATIENTS:

AGES	M	F	T	%
3-13	43	12	55	5
14-20	158	110	268	24
21-30	156	132	288	26
31-40	68	85	153	13
41-50	59	82	141	12
51-60	38	53	91	8
61-70	23	42	65	6
71-80	11	35	46	4
81 +	8	14	22	2
TOTAL	564	565	1129	100%

DIAGNOSIS:	M	F	T	%
PSYCHOSES ASSOCIATED WITH ORGANIC BRAIN SYNDROMES	19	26	45	4
NON PSYCHOTIC ORGANIC BRAIN SYNDROMES	11	12	23	2
MENTAL RETARDATION	3	2	5	1
SCHIZOPHRENIA	118	100	218	19
MAJOR AFFECTIVE DISORDERS	68	63	131	12
OTHER PSYCHOSES	19	41	60	5
NEUROSES	40	92	132	12
PERSONALITY DISORDERS	86	116	202	18
ALCOHOLISM	118	57	175	16
DRUG DEPENDENCE	13	3	16	1
TRANSIENT SITUATIONAL DISORDERS	31	39	70	6
BEHAVIOR DISORDERS OF CHILDHOOD AND ADOLESCENCE	32	6	38	3
DIAGNOSIS DEFERRED & OTHERS	6	8	14	1
TOTAL	564	565	1129	100%

Directory

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Present members of the Hospital Staff are indicated by (*).

The following abbreviations are used:

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B.I.H.—Beth Israel Hospital, 330 Brookline Ave., Boston, Mass. 02215
B.H.W.—Boston Hospital for Women, Lying-In Division, 221 Longwood Ave., Boston, Mass. 02115
B.U.H.—Boston University Hospital, 750 Harrison Ave., Boston, Mass. 02118
C.H.C.—Chelsea Health Center, Chelsea, Mass. 02150
C.H.M.C.—Children's Hospital Medical Center, 300 Longwood Ave., Boston, Mass. 02115
D.S.H.—Danvers State Hospital, 450 Maple Street, Danvers, Mass. 01923
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H.S.P.H.—Harvard School of Public Health, 665 Huntington Ave., Boston, Mass. 02115
L.M.H.C.—Lindemann Mental Health Center, Government Center, Boston, Mass. 02114
L.S.H.—Lemuel Shattuck Hospital, 170 Morton Street, Jamaica Plain, Mass. 02130
McL.—McLean Hospital, 115 Mill Street, Belmont, Mass. 02178
M.E.E.I.—Massachusetts Eye & Ear Infirmary, 243 Charles Street, Boston, Mass. 02114
M.G.H.—Massachusetts General Hospital, Fruit Street, Boston, Mass. 02114
M.I.T.—Massachusetts Institute of Technology, 77 Massachusetts Ave., Cambridge, Mass. 02139
M.M.H.C.—Massachusetts Mental Health Center, 74 Fenwood Road, Boston, Mass. 02115
N.E.M.C.H.—New England Medical Center Hospitals, 171 Harrison Ave., Boston, Mass. 02111
N.E.D.H.—New England Deaconess Hospital, 16 Deaconess Rd., Boston, Mass. 02215
P.B.B.H.—Peter Bent Brigham Hospital, 721 Huntington Ave., Brookline, Mass. 02115
R.B.B.H.—Robert Breck Brigham Hospital, 125 Parker Hill Ave., Roxbury, Mass. 02120
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Stone, Lawrence B.
Tuttle, Elbert P., Jr.
Waller, John L.
Augusta
Goodale, Fairfield, Jr.
Haas, Melvyn L.
Brunswick
Ward, Albert J.
Carrollton
Brock, Benjamin L.
Columbus
Vaughan, Robert H.
East Point
Tucker, Robert P.
Gainsville
Banks, Rafe, Jr.
LaGrange
Copeland, Robert B.
Marietta
Mathis, William H., Jr.
Marisha
Wheeler, James H.
Savannah
Brown, F. Bert
Carlton, Frank E.
Greenberg, Doris M.
Greenberg, Martin H.
Sea Island
Wood, James A.
Smyrna
Eaton, S. Boyd

HAWAII
Honolulu
Keating, Philip J.
Severson, Larry J.
Straehley, Clifford J., Jr.
Trockman, Gordon J.
Wong, Livingston M.F.
Yee, Lester P.K.
Kaneohe
Stewart, Steele F.

IDAHO
Bise
Flint, Gregory L.
Myers, Harvey A.P.

ILLINOIS
Argonne
Brues, Austin M.
Chatham
Miller, William L.
Chicago
Arnason, Barry G.W.
Bernstein, Norman R.
Braudo, Joseph L.
Brown, R. Gordon
Coolidge, Thomas B.
DeGroot, Leslie J.
Drachman, David A.
Fisher, Morris A.
Freinkel, Ruth K.
Goldberg, Leon I.
Herbst, Arthur L.
Meyer, Harold I.
Mixter, George, Jr.
Moss, Gerald S.
Nigles, Richard G.
Oparil, Suzanne
Paul, Oglesby
Rabinowitz, Murray
Replogle, Robert L.
Richman, David P.
Rosenberg, Irwin H.
Shorey, William D.
Stulberg, S. David
Weinger, Jesse M.
Weinstein, Ronald S.
Evanston
Connelly, John P.

Great Lake
Bradley, Richard D.
Hinsdale
Hall, Buford
Jacksonville
Norbury, Frank B.
Joilet
Boyd, Robert E. III
LaGrange
Fazioli, Ruth A.
Lake Bluff
Ward, John L.
Lake Forest
Stetson, John B.
Springfield
Dodd, Robert B.
Mazur, John M.
McGann, Robert C.
Urbana
Bloomfield, Daniel K.
Waukegan
Waldman, Jerome

INDIANA
Anderson
Weiss, Louis L.
Hammond
Peiffer, Geraldine M.
Indianapolis
Donohue, John P.
Hamilton, Howard B.
Mealey, John J.
Pugh, Newell O., Jr.
Wishard, William N., Jr.
Richmond
Kennedy, Robert P.

IOWA
Cedar Falls
Harden, Lewis B.
Iowa City
Corry Robert J.
Helms, Charles
Larson, Carroll B.
Locksley, Herbert B.

Waterloo
Bickley, Donald W.

KANSAS
Kansas City
Asher, Marc A.
Stewart, David R.

KENTUCKY
Anchorage
Towery, Beverly T.
Lexington
Hutton, John J., Jr.
Mansky, Peter A.
Maruyama, Yosh
Massie, William K.
Sandifer, Myron G., Jr.
Scott, Thornton
Louisville
Atherton, L. Douglas
Bate, John T.
Canty, Timothy G.
Gruber, Gabriel G.
Harter, John S.
Rogers, Mark C.
Stern, Peter J.
Westerfield, Larry H.

LOUISIANA
Baton Rouge
Hansen, Robert H.
Madey, Stephen L.
New Orleans
Beckman, Edwin
Morris, Harry D.
Sullivan, Philip H.
Shreveport
Embree, Larry J.
Ledbetter, Betsy A.
Reed, Carson R., Jr.

MAINE
Augusta
Collins, H. Douglas
Stinchfield, Alan J.
Bangor
Brown, Lloyd
Brown, Robert H.
Clement, James D., Jr.
Kaiser, John S.
Veits, Harold R.
Bar Harbor
Gilmore, Edward B.
Haynes, Ormond L., Jr.
Bath
Burden, Charles E.
Brunswick
Macomber, Donald
Cape Elizabeth
Stocks, Joseph F.
Cumberland Forestside
MacDougal, Bruce A.
Ellsworth
Suyama, Eji
Friendship
Frost, Harold M.
Lewiston
Bach Michael C.
Lovell
Glicklich, Earl A.
Poland Springs
Davidson, Gerald E.

Portland
Bidwell, Robinson LeR. II
Crothers, Omar D. III
Fritz, Ronald E.
Gilbert, Stuart G.
Hawkes, Richard S.
Hiebert, Clement A.
Leonard, Lawrence M.
Thompson, Philip P., Jr.
Ware, Roland G., Jr.
Readfield
McPhedran, Alexander M.
MARYLAND
Baltimore
Becker, Lewis C.
Burdick, James F.
Firminger, Harlan I.
Freedberg, Irwin M.
Friedman, Stanford B.
Fritz, William F.
Gay, Leslie N.
Howard, John E.
Imbembo, Anthony L.
Johnson, Richard T.
King, W. Bradley, Jr.
Littlefield, John W.
Marshall, Fray F.
Mayer, Richard F.
McIntyre, Patricia A.
Middlebrook, Gardner
Moser, Hugo W.
Panny, Susan R.
Ryan, James J.
Talalay, Paul
Talamo, Richard C.
Trowbridge, Frederick L.
Von Kessler, Kirby L.C.
Walser, Mackenzie
Weisfeldt, Myron L.
Weiss, Howard D.
Zuidema, George D.
Bethesda
Ackerstein, Harold
Ashbury, Robert F.
Auerbach, David A.
Bevcu, Barry B.
Berzofsky, Jay A.
Borer, Jeffrey S.
Botstein, Paul M.
Brewer, H. Bryan, Jr.
Brown, Crawford S.
Burke, Robert E.
Chase, Thomas N.
Cole, Enser W. III
Collins, Robert E.
Crystall, Ronald G.
Derkac, Wayne M.
Doroshow, James H.
Eron, Lawrence J.
Fisher, Richard I.
Gardner, David G.
Grave, Gilman D.
Grunfeld, Carl
Herberman, Ronald B.
Hodes, Richard J.
Hooper, David C.
Hosea, Stephen W.
Howley, Peter M.
Klempner, Mark S.J.
Levis, William R.
Levy, Ronald
Lipson, Lewis C.
Marx, Stephen J.
Mathisen, Douglas J.
Meltzer, Monte S.
Minna, John D.
Mudd, S. Harvey
Parrillo, Joseph E.
Post, Robert M.
Reppert, Steven M.
Rogentine, George N., Jr.
Rose, Morton H.
Sachs, David H.
Scardino, Peter T.
Schaner, Everett G.
Schott, Chester F.
Schulman, Joseph D.
Scolnick, Edward M.
Scott, William C. II
Shama, Steven K.
Spiegel, Allen M.
Tenpas, John H.
Thorpe, William P.
Tomford, William W.
Waldmann, Thomas A.
Webster, Henry deF.
Wolff, Jan
Young, Neal S.
Zuelzer, Wolf W.
Chevy Chase
Anderson, Frank H.
Broadus, Arthur
McFarlane, Ann D.
Columbia
Currie, Richard A.
Easton
Gieske, Judith P.
Harper, David T., Jr.
Kensington
Brooks, Benjamin G.
Owings, Mills
Greene, D. Crosby, Jr.
Rockville
Cohen, Max H.
Klerman, Gerald L.
Reiger, Darrel A.
Williams, Melvin W.

Silver Spring
Mirkin, Gavriel B.
Waldmann, Katherine S.
Sparks
Isaacs, James P.
Towson
Adams, John E.

MASSACHUSETTS

Abington
Squires, Homer J.
Acton
Boardman, Donnell W.
Andover
Seeley, Clinton B.
Weyman, Walter T.
Amherst
Schwartz, Daniel P.
Arlington
Chaglasian, John H.
Cipolloni, Patsy B.
Herzan, Helen M.
Olin, Morton
Saunders, Gordan A.
Attleboro
Hill, Leonard W.
Auburndale
Levine, Herbert W.
Ayer
Bock, Arlie V.
Bedford
Clifford, H. Henry
Belchertown
Spence, Richard J.
Belmont
Baldessarini, Ross J.
Bornstein, Irving D.
Crone, Neil L.
deMarneffe, Francis L.A.
Dierker, Louise A.
Farnsworth, Dana L.
Fern, Donald J.
Fischberg, Bruce W.
Gilbert, Jeffrey M.
Howard, Paul M.
Hurston, Ronald O.
Kagan, Jerome
Kety, Seymour S.
Lipinski, Joseph F.
Maratta, Charles A.
Miller, Alexander
Mueller, H. Peter
Norcross, John W.
Parmelee, Dean X.
Popper, Charles W.
Ross, Margaret S.
Sleeper, Edward L.
Stanton, Alfred H.
Toll, Karel van Syckel
Walter, Mark M., Jr.
Washburn, Stephen L.
Weingarten, Charles H.
Beverly
Alt, Richard E.
Bacon, William B.
Caudill, Estill L.
Hewson, James S.
Lamkins, Burham E.
MacDonald Alexander S. Jr.
Maloney, Randolph D.
Otto, William J. Jr.
Parkhurst, Albert E.
Risely, Thomas S.
Shea, Thomas E.
Sneddon, Ernest A.
Boxford
Fowler, Joseph W. III
Boston
Abbott, John A.
Abbott, William M.
Abernathy, Robert S.
Abramowitz, Harold
Ackerman, Robert H.
Ackil, Albert A.
Adair, Luther B.
Adams, John Jr.
Adams, John B.
Adams, Raymond D.
Adams, William P.
Addante, Rocco R.
Addison, Rita M.
Adrian, Robert M.
Ahuluwalia, Bhagwat D.
Aisenberg, Alan C.
Akins, Cary
Albright, Nile
Alexander, Stanley A.
Ali, Hassen H.
Allen, Benjamin F.
Allen, Henry F.
Allyn, Thomas R.
Alonso, Anne W.
Alpert, M. Elliot
Alpert, Nathaniel M.
Althausen, Alex F.
Alton, William J.
Amadio, Peter C.
Ames, Adelbert III
Amrein, Philip C.
Anderson, William H.
Andrew, Norman W.
Andrews, Ellen M.
Antonio, Robert P.
Antoon, Alia Y.
Arees, Edward A.
Aretz, Thomas H.
Armentano, Marie E.
Arndt, Kenneth A.
Arnow, David

Aronow, Saul
Arroyo-Master, Maria D.
Askeroff, Bernard R.
Asimakis, Gregory K.
Astrom, Karl E.
Athanasoulis, Christos A.
Atkins, Leonard
Atweh, Samir F.
Auchincloss, Hugh Jr.
Aufranc, Otto E.
Ausiello, Dennis A.
Austen, K. Frank
Austen, W. Gerald
Autor, Sherry B.
Averill, Robert M., Jr.
Avruch, Joseph
Axelrod, Lloyd
Baden, Howard P.
Badger, Theodore L.
Badger, Thomas M.
Baker, Ann L.S.
Baker, George P.
Baker, Myles P.
Baker, Stuart B.
Baker, William H.
Balboni, Victor G.
Baldwin, John C.
Ballantine, H. Thomas Jr.
Ballentyne, Keith
Baltarowich, Oksana H.
Banks, Henry H.
Barker, Robert H.
Barlow, John S.
Barnes, Ann B.
Barnes, Benjamin A.
Barnett, G. Octo
Barnett, Ricki, Z.
Barr, Joseph S., Jr.
Barrett, June A.
Barry, Herbert, Jr.
Barsh, Lawrence I.
Barsky, Arthur J.
Bartlett, Marshall K.
Bartlett, Scott P.
Bassil, Barbara
Basta, Salvatore J.
Batch, Kenneth H.
Bates, Robert J.
Battit, George E.
Baughman, Kenneth L.
Bauman, Margaret L.
Bauman, Roger A.
Bear, David M.
Beardslee, William R.
Beck, William S.
Becker, Carter M.
Becker, David J.
Behringer, Glenn E.
Beitins, Inese Z.
Benacerraf-Libby, Beryl
Benfari, Mary Jane F.
Benz, Ronald R.
Berenberg, William
Bergman, Ira
Berkowitz, Ivor D.
Bernad, Peter
Bertolami, Charles N.
Bahn, Atul K.
Bierbaum, Benjamin E.
Bigby, Michael E.
Biggs, Peter J.
Bingham, John B.
Bird, Kenneth T.
Bishop, Linda A.
Biswas, Chitra
Blachman, Paul S.
Black, Edward B.
Black, Paul H.
Black, Peter M.
Blacker, Edward
Blackshear, Perry J.
Bland, Edward F.
Bland, John H.L.
Blank, Irvin H.
Blitzer, Peter H.
Bloch, Kurt J.
Block, Peter C.
Bloom, Edward R.
Blum, Jay E.
Bode, Hans H.
Bodnar, Andrew G.
Bojar, Robert M.
Bondoc, Conrado C.
Bongiovanni, Gail L.
Bonventre, Joseph V.
Borah, Gregory L.
Borden, Spencer IV
Borges, Lawrence F.
Borland, Joanne K.Y.
Borofsky, Gerald L.
Borofsky, Richard M.
Borus, Jonathan F.
Bouchier-Haynes, David
Bourne, Robert B.
Bowie, Jack E.
Boyde, Peter R.
Boyde, Robert J.
Boyer, Arthur L.
Brand, Don J.
Braslow, Nelson M.
Brem, Steven
Brendze, Robert B.
Brewster, David C.
Bridges, Kenneth R.
Bringhurst, Franklin R.
Briselli, Michael F.
Brodsky, Gilbert L.
Brotschi, Erica A.
Brown, C. Alan
Brown, Robert H.

Brown, Stephen G.
Brown, Thornton
Browne, Thomas R.
Brownell, Gordon L.
Bruner, John M.R.
Bruns, Romaine R.
Bucher, Nancy L.R.
Buck, Allen W.
Buckley, Mortimer J.
Burke, Christopher J.
Burke, Jack D.
Burke, John F.
Burnes, Daniel C.
Burnham, Charles A.
Burns, Barbara J.
Burstein, Nelson A.
Burton, James A.
Burton, Robert C.
Bush, Michael A.
Bushnell, Leonard S.
Butterly, John R.
Byers, Randolph K.
Cabaj, Robert P.
Cahen, Lucienne
Calderwood, Stephen B.
Callahan, Alfred S.
Cambria, Richard P.
Campbell, Crawford J.
Campion, Edward W.
Cancelosi, Susan E.
Candia, Guillermo J.
Candia, Morelia R.
Caner, G. Colket
Cannellos, George P.
Cannon, Bradford
Caplan, Charles H.
Caplan, Louis R.
Caplan, Robert A.
Carabello, Blase A.
Carey, Robert W.
Carroll, Charles F.
Carter, Edward A.
Carter, Edwin L.
Cass, John W.
Cassem, Edwin H.
Casten, Virgil G.
Castleman, Benjamin
Castronovo, Frank P., Jr.
Caviness, Verne S., Jr.
Chaffin, John S.
Chakrabarti, Kishanlal
Chan, William B.
Chandler, Hugh P.
Change, Gloria J.
Chapin, David S.
Chapman, Earle M.
Chapman, Paul H.
Chapman, William G.
Chappell, Ginger
Chayet, Neil L.
Chedekel, David S.
Cheeseman, Sarah H.
Chesler, David A.
Chess, Leonard
Chiappa, Keith H.
Chin, William W.
Chivian, Eric S.
Choi, Chan H.
Choi, Sam K.
Chou, Iih-Nan
Christopher, Charles W.
Chu, Ann Maria
Chuong, Robert
Churchill, Phillip M.
Churchill, W. Hallowell, Jr.
Clark, Mary B.
Clark, Richard A.
Clemmons, David R.
Clifford, Stewart H.
Cloherty, John P.
Clouse, Melvin E.
Coakham, Hugh B.
Cochavi, Saadia
Cochi, Stephen L.
Cochran, William D.
Codington, John F.
Coggins, Cecil H.
Cohan, Lawrence D.
Cohen, Alfred M.
Haber-Cohen, Andrea
Cohen, Carla B.
Cohen, George L.
Cohen, Jonathan
Cohen, Mandel E.
Cohen, Raquel E.
Cohen, Richard B.
Cohen, Stanley A.
Colan, Steven D.
Cole, Edwin M.
Coleman, William S.
Collin, Jean P.
Colvin, Robert B.
Concannon, Robert N.
Conlay, Lydia H.
Connolly, Thomas W.
Constable, John D.
Cook, I. Kathleen
Coons, Albert H.
Cooper, David S.
Cooper, Jeffrey B.
Cope, Oliver
Copeland, Michelle
Cori, Carl F.
Correia, John A.
Cosimi, A. Benedict
Covino, Benjamin G.
Crawford, John D.
Crawford, John L.

Crone, Robert K.
Crooks, Kiran K.
Crowell, Robert M.
Crowley, William F.
Cullen, David J.
Culver, Perry J.
Curfman, Gregory D.
Custer, Joseph R.
Cutliff, William B.
Cywinski, Josef K.
Daggett, Willard M., Jr.
Dagi, Teodoro F.
Dalton, John C.
Daly, John S.F.
D'Ambra, Michael N.
Daniels, Gilbert H.
Darling, R. Clement
Dattwyler, Raymond J.
d'Autremont, Chester C.
Davalos, Mario M.P.
David, John R.
Davidson, Betty A.
Davis, James M. III
Davis, Kenneth R.
Davis, Richard F.
Davison, J. Kenneth
Day, Calvin, L., Jr.
Day, Max
Dayer, Jean-Michael
DeBros, Frederic M.
DeCook, Timothy H.
Dedrick, Carolyn G.
Dedrick, Daniel F.
Delevett, Peter C.
Delong, G. Robert
Demirjian, Zareh N.
Dervan, Peter A.
DeSanctis, Roman W.
Deveau, Linda A.
Deykin, Daniel
DiBona, Donald R.
Dickerson, G. Richard
Dienstag, Jules L.
DiMario, Richard
Dinarello, Charles
Dineen, James J.
Dinsmore, Robert E.
Dixon, Suzanne D.
Dodson, Thomas F.
Dohan, Francis C., Jr.
Donahoe, Patricia
Donaldson, Gordon A.
Donaldson, Magruder C.
Donelan, Matthias B.
Donlon, John V., Jr.
Donoff, R. Bruce
Donovan, Donald D.
Dooling, Elizabeth C.
Doppke, Karen P.
Doroghazi, Robert M.
Dosoretz, Daniel E.
Dos Santos, Maria Julia L.
Doyle, Gerald J.
Dreskin, Jane E.
Dretler, Stephen P.
Drew, Michael A.
Dreyfuss, Jack R.
Drop, Lambertus J.
DuComb, Laurence E.
Dudani, Niranjankumar
Durant, Thomas S.
Durkot, Michael J.
Dvorak, Ann M.
Dvorak, Harold F.
Dwyer, Thomas F.
Dye, Robert A.
Dyer, Edward C.
Dzau, Victor J.
Earls, Felton J. III
Easter, Joyce A.
Ebert, Thomas A.
Eggink, Willem F.
Ehrlich, H. Paul
Ehrlich, Michael G.
Ehrlich, Paul H.
Eisenberg, Leon
Eisenthal, Sherman
Ellis, Daniel S.
Ellis, Lawrence B.
Ellis, Ronald D.
Ellman, Leonard L.
Elmaleh, David R.
Elman, Arthur J.
ElNahas, Abdel M.
Emerson, Clifton W.
Emerson, Roger H.
Engel, Lewis L.
Engel, Peter A.
England, Albert C., Jr.
Epp, Edward R.
Epstein, Michael F.
Erbe, Richard W.
Erdmann, A. John III
Erman, Milton K.
Evans, Neil A.
Eyre, David R.
Fahmy, Nabil R.
Faix, James D.
Falk, William E.
Fallon, John T.
Fang, Leslie S.
Farhadi, Marie S.
Farnham, Jack E.
Fawcett, Don W.
Feingold, Murray
Feld, James M.
Feller, Edward R.
Ferguson, Charles M.

Ferraro, Nalton F.
Ferris, Benjamin G.
Ferrucci, Joseph T.
Field, Mark G.
Fine, Jacob
Finkelstein, Stan N.
Fischer, Edwin G.
Fischer, Josef E.
Fischer, Keith C.
Fisher, C. Miller
Fishman, Mark C.
Fisk, Samuel H.
Fitzpatrick, Thomas B.
Fiumara, Nicholas J.
Fleming, T. Corwin
Folkman, M. Judah
Foote, Warren E.
Forbes, Anne P.
Fosburg, Martin T.
Foster, Gerald S.
Fox, Jonathan L.
Fozard, James L.
Frank, Arlene F.
Frankel, Freddy H.
Franklin, William
Franseen, Clifford C.
Fraser, Helen R.
Frazier, Howard S.
Frede, Thomas E.
Freedman, Harold J.
Frega, Norberto S.
Fremont-Smith, Maurice
Freund, Herbert R.
Friedberg, Carl E.
Friedlaender, Robert P.
Friedlich, Allan L.
Friedman, Joel
Friedman, Mark
Froelich, Jerry W.
Fromer, John L.
Fuleihan, Samir F.
Fuller, Thomas C.
Funkenstein, H. Harris
Gabel, Richard H.
Galdabiel, James
Gale, Arnold D.
Gallagher, Michael J.
Galli, Stephen J.
Gallico, G. Gregory III
Gambill, John D.
Gammon, Maureen T.
Ganczewski, Ann C.
Gang, David L.
Ganz, Peter
Ganz, Robert N.
Garan, Hasan
Gardella, Joseph W.
Gardner, George E.
Gardner, Phyllis, I.
Garg, Hari G.
Garland, Rebecca C.
Garrett, Patricia E.
Gayes, James M.
Gaz, Randall D.
Geffin, Gillian A.
Gelenberg, Alan J.
Geller, Stuart C.
Gellis, Stephen E.
George, Anthony
Gerber, Bernard M.
Gergely, John
Gerhart, Tobin N.
Gerweck, Leo E.
Gewirtz, Henry
Gibbons, Raymond J.
Gibbs, Richard F.
Gibson, Robert C.
Gilchrest, Barbara A.
Ginns, Leo C.
Gissen, Aaron J.
Gittes, Ruben F.
Guistra, Lawrence J.
Glick, Hyman
Glimcher, Laurie H.
Glimcher, Melvin J.
Glotzer, Donald J.
Godine, John E.
Goitein, Michael
Gold, Herman K.
Goldberg, Alan H.
Goldblatt, Allan
Goldfinger, Stephen E.
Goldman, Margo
Goldmann, Donald A.
Goldring, Steven R.
Goldstein, Mark A.
Gomery, Pablo
Gonzales, Jose R.
Gonzalez, Ernesto
Gonzalez, Luis R.
Gonzalez, Ricardo V.
Goodman, Max L.
Goodson, John D.
Gordon, Christopher D.
Gordon, Peter H.
Gordon, Robert D.
Goroll, Allan H.
Gorski, Peter A.
Gottlieb, Sheldon K.
Goudsouzian, Nishan G.
Gouliamos, Athanassios D.
Grabias, Stanley L.
Grant, David C.
Gravlee, Glenn P.
Green, Allan M.
Green, Thomas H., Jr.
Greenblatt, David J.

Greene, Reginald E.
Greene, Warner C.
Greenes, Robert A.
Greenfield, Alan J.
Greenspan, Peter T.
Greenstein, Robert
Greenwald, Michael A.
Grillo, Hermes C.
Griscom, N. Thorne
Groopman, Jerome E.
Gross, Jerome
Gross, Peter L.
Grossman, Jerome H.
Grossman, Richard S.
Grotte, Geir J.
Grover, John W.
Groves, James E.
Guggenheim, Frederick G.
Guiney, Timothy E.
Gunderson, Leonard L.
Guralnick, Walter C.
Guyton, Robert A.
Guyton, Steven W.
Haas, Gary S.
Habener, Joel F.
Haber, Edgar
Haber, Jerome
Hackett, Thomas P.
Haines, Linda J.
Hales, Charles A.
Hall, Deborah A.
Hallowell, Phillips
Halperin, John J.
Halsted, Douglas O.
Hammer, Scott M.
Hann, Lucy E.
Hanna, Eleanor Z.
Hansen, Reid H.
Hanson, Eric C. T.
Harbin, William P.
Harkness, Stephen H.
Harley, William D.
Harmel, Richard P., Jr.
Harmon, David C.
Harpin, Raoul E.
Harris, Francis D.
Harris, Jeffrey E.
Harris, William H.
Harrist, Terence J.
Harthorne, J. Warren
Harumi, Nose
Hastings, Hill
Hatten, H. Paul
Haupert, Garner T.
Hauser, Stephen L.
Hawes, Lloyd E.
Hayashi, Seiji
Hayden, Jay G.
Haynes, Harley A.
Hazard, William L.
Head, John M.
Heaney, John A.
Hedberg, Stephen E.
Hedley-Whyte, John
Heller, Daniel G.
Hendren, W. Hardy
Heney, Niall M.
Henneman, Elwood
Herr, Betty E.
Herrera, Lorenzo
Herrin, John T.
Herscovics, Anette A.
Hessalink, John R.
Hicks, Robert H., Jr.
Hier, Daniel B.
High, William L.
Highberger, John H.
Hiki, Yoshitane
Hill, William R., Jr.
Hinton, Richard C.
Hirakawa, Kimiyoshi
Hirsch, Martin S.
Hnatowich, Donald J.
Hobbs, Eleanor T.
Hochberg, Fred H.
Hochberg, Mark S.
Hoffer, Edward P.
Hoffman, Andrew R.
Hoffman, Robert M.
Holder, Richmond
Holick, Michael F.
Holick, Sally A.
Holmes, Lewis B.
Holter, Arlen R.
Homcy, Charles
Honickman, Steven P.
Hood, Antoinette F.
Hood, Roger W.
Hoop, Bernard, Jr.
Hoover, Herbert C., Jr.
Hopkins, Cyrus C.
Horsburgh, Charles R.
Horwitz, Ralph I.
Hoskins, R. Bruce
Howe, Henry D.
Huang, Henry H. L.
Huddleston, James I.
Hudson, Lynn D. S.
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Johnson, G. Timothy
Johnson, Robert A.
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Yurchak, Peter M.
Zaleske, David J.
Zalitis, Edward E.
Zalneraitis, Edwin L.
Zamenhof, Robert F.A.
Zapol, Warren M.
Zarins, Bertram
Zavisca, Frank G.
Zervas, Nicholas T.
Zielstorff, Rita D.
Zieper, Irving
Zimbler, Seymour
Zimin, Robert J.
Castorina-Ziparo, Silvia
Ziparo, Vincenzo
Zir, Leonard M.
Zukin, Donald D.
Zurawski, Vincent R., Jr.
Zusman, Randall M.

Brewster
Daland, Ernest M.

Brighton
Broderick, Thomas F., Jr.
Flynn, Robert E.
Gelman, Martin L.
Kelley, Charles G.
Lever, Walter F.
Martino, Joseph A.
O'Brien, Richard G.
Pais, Vernon M.
Zuckerman, Pamela

Brockton
Baker, Edward P., Jr.
Chase, John S.
Duncombe, Alfred L.
Green, Robert S.
Lawrence, Michael
Mixter, Charles G., Jr.
Nebesar, Robert A.

Brookline
Barton, Theodore C.
Bernstein, Jerrold G.
Boudreau, Francis H.
Brownstein, Carlton S.
Burgin, Leo B.
Chute, Richard
Cline, Herbert S.
Corkery, Joseph C.
Davies, John A.V.
Doonan, James M.
Galler, Janina R.
Goldberg, Peter E.
Goldthwait, Joel C.
Hall, Francis C.
Holland, Daniel J., Jr.
Johnson, Neil R.
Levy, Bernard S.
Linton, Robert R.
Macknin, Michael L.
Malcolm, John A.
Mushatt, Cecil
Nathan, Louis
Nobel, Kenneth W.
Noe, Joel M.
Palmer, R. Sterling
Parsons, Langdon
Platt, Orah S.
Potter, Maxwell G.
Rawdon, W. Kenner
Russfield, Agnes B.
Schatzki, Richard
Schatzki, Stefan C.
Sidman, Richard L.
Silverman, Samuel
Smith, Barry H.
Talbot, Nathan B.
Thomas, Wilbur A.
Villee, Dorothy
Waitzkin, Evelyn D.
Wallace, Lynn
Webster, Richard C.
White, James C.
Winsor, Allen P.
Wolff, Louis
Yakovlev, Paul I.

Burlington
Norris, Ronald V.

Cambridge
Balch, Franklin G., Jr.
Bandler, Bernard
Beierholm, Edward A.
Belsey, Richard E.
Boerstling, Herbert
Carter, Franklin
Carter, Geroge H.
Catlin, Randolph
Clark, Mark W.
Cohen, Elliott L.
Coles, Martin R.
Colton, Clark K.
Coolidge, John C.
Corkin, Suzanne H.
Daly, James S.F.
DeLuca, Salvatore
Deutsch, Helene
Dewey, C. Forbes
Draskoczy, Camille B.
Dreier, Theodore, Jr.
Eisenberg, Carola B.
Feinhandler, Sherwin J.
Feldman, Joel J.
Figman, Robert J.
Frank, Thomas
Friedman, Rochelle R.
Gates, Phillip H.
Geiger, Ronald H.
Gilbert, John E.
Glick, Thomas H.

Gordon, John E.
Greilsheimer, Howard M.
Growdon, John H.
Hass, Gerald
Henderson, Mary
Hubbard, Eliot, Jr.
Johnson, Richard A.
Jones, H. Walter, Jr.
Kantrowitz, Paul A.
Koumans, Alfred J.R.
Langston, Charles S.
Lees, Robert S.
Leibel, Rudolph L.
Liteplo, Merrill G.
Littlehale, Robert F.
Mack, John E.
Maier, Ward P.
Mann, Robert W.
McFarland, James C.
Merrill, Edward W.
Moore, Gordon T.
Murray, Brian W.
Myers, Gordon S.
Paolitto, Frank J.
Paul, Igor I.
Pechet, Maurice M.
Petersen, Veronica S.
Pierce, Chester M.
Porell, William J.
Porter, Philip J.
Postel, Sholem
Rectanus, Daniel R.
Reid, Elizabeth A.
Rendall, Edward S.
Richie, Robert H., Jr.
Ross, Ralph A.
Settel, Kenneth M.
Shelton, William R.
Shershow, John C.
Shortsleeve, Michael J.
Smith, Thomas W.
Snyder, Benson R.
Stanbury, John B.
Stone, Alan A.
Sturgis, Somers H.
Thrasher, Elliot L.
Tingey, William H., Jr.
Umlas, Joel
Wallace, James W.
Weinberger, Jerome L.
Wohl, Martin J.
Wurtman, Richard J.
Wyman, Stanley M.
Yaffee, Howard S.
Zwerdling, Robert G.

Charlestown

Allukian, Myron, Jr.
Beyer, Catherine H.
Cauley, Michael J.
DeMuth, Susan A.
Godley, Anne F.
Goldstein, Gary S.
Green, Warren F.
Havas, Stephen W.
Horvath, Ragnhild M.
Jacobson, Alan M.
Laster, James M.
Leet, Robert K.
Lite, Scott W.
Lundy, Nancy A.
Murphy, Janice A.
O'Shea, Kathleen T.
Panowicz, Thomas B.
Rochman, Roy A.
Sweet, Roger H.
Wasserman, Linda
Waterfall, David E.
Winn, William A. III
Woods, Bryan T.

Chlemsford

Parsons, Edward F.

Chelsea

Barkin, Joan W.
Benardi, Michael J.
Bender, Stephen A.
Bierman, Frederick Z.
Billings, John A.
Dumont, Matthew P.
Bashir-Farahmand, Jaleh
Geertsma, Martin A.
Goldstein, Richard L.
Guthrie, Andrew D., Jr.
Hunsberger, Peter
Jacobson, Sheryl A.
Kelly, Jeanne M.N.
Kronenberg, Gretchen B.
Oliver, L. Christine
O'Malley, Terrence A.
Paretti, Joseph P.
Richards, Sarah J.

Chestnut Hill

Dwight, Richard W.
Hodgson, John S.
Houmans, John, Jr.
Knowles, John H.
Lazar, Gerald K.
Simon, Harold
Spellman, John W.
Thorndike, Augustus

Cohasset

Maltz, David L.
Rever, George W.
Sceery, Robert T.

Concord

Austin, Richard C.
Barrie, Joseph R.
Cantu, Robert C.
Hadley, Terry P.

Hallenback, Dorr F., Jr.
Huizenga, Charles G.
Keuper, Charles S.
Nelson, Michael H.
Norton, Paul L.
Pugliese, Michael M.
Rudnick, Jeffrey P.
Snyder, John C.
Souter, Lamar
Strickler, William L.
Toomey, Edward G.

Danvers
Chaharyn, Joanne (Hudson)
Essember, Lawrence J.
Fearer, Nathan H.
Jones, Wallace A.
Patton, Anthony S.
Steeves, Philip E.
Tejwani, Nehchal V.
Zitin, Melinda K.

Dedham
Curwen, William L.
Osborne, Robert K.
Putnam, Henry M.
St. Onge, Richard A.
Sweetnam, George H.

Deerfield
Lynch, Phillip I.

Dorchester
Howell, Mary C.
Mass, Lawrence D.
Neu, Carlos A.

Dover
Akins, Carlton M.
Clowes, George H.A., Jr.
Kinsey-Ruegg, Dera
Santoro, Benjamin T.

Duxbury
Clark, Richard J.
Fowler, Dwight M.
Solomon, Earl G.
Whiskin, Frederick E.

East Boston
Carl, Charles W., Jr.
Katz, Edward K.
Shackleton, Bruce W.
Shreier, Herbert A.

Edgartown
Mazer, Milton

Everett
Jacobs, Edward E., Jr.
Lavelle, William G.

Fall River
Courey, W. Robert
Hawes, Cornelius H.
Hill, Norman P.
Miller, Abbott R.
Tepper, Joel E.

Falmouth
Bixby, H. Irving
Christian, George
Heffron, Roderick
Palmer, Michael S.

Fitchburg
LeDonne, John E.
Pick, Walter
Walker, George M.

Foxboro

Framingham
Albert, Joseph
Carroll, Brian C.
Denton, Jane E.
Golden, Theodore S.
Helfant, Murray H.
Ingalls, Theodore H.
Kahn, Robert E.
Leeman, Cavin P.
Senghas, Richard E.
Winzelberg, Gary G.

Gardner
McPeak, Clarence N.

Gloucester
Kline, Robert M.
Oder, Frederic E.
Rosenberg, Bruce M.

Great Barrington
Whitfield, Thomas J. III

Greenfield
Buchanan, William R., Jr.
Jarx, Robert H.

Groton
Pittman, Helen S.

Harvard
Padget, Charles H.

Hathorne
Conboy, Edward A.

Haverhill
Kwass, George F.
Lee, Sherwood B.
Malamud, Michael H.

Hingham
Lessing, Mark E.
Oppenheim, Arnold R.

Holyoke
Bandeian, Alice M.
Ferguson, Edward L.
Sigelman, David R.

Hyannis
Eldredge, James H.
Garran, Frank W., Jr.
Hazard, Gerald W.
Leland, Katherine A.,
Clinical Associate in Pediatrics
Mathewson, Herbert O.
O'Malley, Austin F.
Osmond, John D. III
Rymzo, Walter T.

Ipswich
Gauthier, Jacqueline
Petranek, Joseph R.
Wigglesworth, William C.
Jamaica Plain
Farhadi, Amir M.
Graham, John R.
Luongo, Michael A.
Smith, Joseph A.
Solomon, Harry C.
Lawrence
O'Shea, James A.
Shoaps, Keith B.
Leominster
Feldman, Geraldine G.
Wheeler, Charles A.
Lexington
Bellinger, Martin J.
Friedman, Leonard J.
Joseph, Alfred T.
Kahan, Eileen Blumenthal
Moore, Michael J.
Morrall, John F.
Petersen, James A.
Sites, Vincent R.
Lincoln
Keevil, Charles S., Jr.
Kubik, Charles S.
Lincoln Center
Hardy, Harriet L.
Longmeadow
Hopkins, Frederick S.
Lewis, James
Plotkin, Leonard H.
Rich, James G.
Tractenberg, Howard A.
Waxman, Herbert S.
Lowell
Grant, George J.M.
Letsou, Vasilios G.
Merino-de Villasante, Jorge M.
Reynolds, Stephen L.
Lynn
Attia, Rafik Rizk
Cooperman, Sheldon
Milligan, Janice E.
Perlman, Donald M.
Sarris, S. Peter
Sloane, Robert E.
Lynnfield
Pawlowski, Margaret M.
Simons, Laurence H.
Manchester
Huntington, Benjamin L.
Marblehead
d'Elseaux, Frank C.
Hopkins, Stanford W.
Kimball, Peter G.
Varadi, Steven
Matapoisett
Empson, Dora R.
Mattapan
Salvesen, Lawrence C.
Medford
Aprille, June R.
Bennett, Doris R.
Levine, Melvyn B.
Melrose
Glines, George A.
Goldman, Maury A.
Hormell, Robert S.
McCormack, Geraldine A.
Welch, John B.
Milton
DeLorme, Thomas L.
DeMarco, Anthony M.
Driscoll, Robert A.
Gregg, Ward I.
McGrath, Edward F.
Robinson, John C.
Sullivan, Eugene R.
Toch, Rudolf
Van Dyke, Wilhelmina
Natick
Hanelin, Joseph
Needham
Ostheimer, Gerald W.
Seinsheimer, Frank III
New Bedford
Gracia, Robert M.
Lewis, Emory O.
Simmons, Alvin J.
Tripp, Curtis C.
Velho, Lawrence F.
Newburyport
Ferrell, Robert W., Jr.
Hochstedler, Rowen M.
Rubinstein, Joel F.
Slotnick, Bennett S.
Newton
Brant, Rene S.
Cope, Stuart
Diamond, David B.
May, George A., Jr.
Renna, Francis S.
Speare, George S.
Timberlake, William H.
Newton Centre
Bonner, Francis J.
Carter, Lucille P.
Gill, Benjamin F.
Kennard, Harrison E.
Robinson, Edmond D.
Rutherford, Rondall W.
Smith, Judson A.
Valle, Alice W.
Newton Heights
Brailey, Allen G.

Newton Lower Falls
Brownsberger, Carl N.
Cohen, John M.
Drapkin, Mark S.
King, Howard S.
Kuehnle, John C.
McGinty, John B.
Page, Lot B.
Newtonville
Hermann, Howard T.
Leber, Martin E.
Norfolk
Yatsuhashi, Masao
North Adams
Becker, Daniel I.
Northampton
Averill, James H.
Dinale, Franco R.
Rice, Richard C.
Tatlock, Hugh
North Andover
Rogers, Horatio
Wallwork, David W.
Norwell
Kearsley, Richard B.
Mayo, Richard A.
Norwood
Kushner, David C.
Oak Bluffs
Claydon, Charles T.
Eliot, Gail, R.
Goldfein, Michael L.
Peabody
Geffin, Bennie
Hayes, Hamilton R.
Lawson, Dexter W.
Lurie, Arthur S.
Petersham
Carmody, John T.B.
Pittsfield
Mason, John W.
Tracy, Robert J.
Plymouth
Hurxthal, Lewis M.
Rushforth, David J.
Quincy
Caruso, Michael G.
Ciano, Joseph F.
Gallagher, William F., Jr.
McCarthy, Philip L.
McGugan, A. David
Van Buskirk, David

Randolph
Moore, Robert F.
Revere
Curren, Franklin C.
Grossman, Melvyn L.
Van Arsdell, William R.
Rockport
Heath, Clark W.
Roslindale
Linenthal, Arthur J.
Salem
Brennan, Charles G.
Conway, Richard E.
Cooper, Herbert L.
Lydiard, Robert B.
Mignone, Robert J.
Moran, Deborah M.
Morse, Frank P.
Richards, Robert S.
Shannon, James M.
Shore, Neil S.
Sweetland, Ralph C.
Taggart, F. Howard, Jr.
Thompson, Richard H.
Zitin, Barry R.
Scituate
Joseph, John B.
Pozatek, Zigmunt W.
Somerville
Higgins, James T.
Osler, David C.
Pollard, John T., Jr.
South Duxbury
Shirley, J. Newton
South Sudbury
Adelson, William J.
South Weymouth
Emerson, George F.
Kilfoyle, Richard M.
Rounds, Charles E.
Silverstein, Peter R.
Wechsler, James S.
South Yarmouth
Anderson, Elroy E.
Garrett, John W.D.
Springfield
Franseen, Elmer F.
Williams, David W.
Stoneham
Rolle-Daya, Heike
Stoughton
Bercovitch, Lionel G.
Field, Richard A.
Sullivan, William H.
Subdury
Johnson, F. George
Robinson, Michael J.
Swampscott
Mayo, Frederick B.
Slater, Eliot M.
Taunton
Murphy, John D.
Teaticket
Taylor, John B.

Topsfield
Fienberg, Robert
Vineyard Haven
Butler, Allan M.
Waban
Cares, Herbert L.
Garrey, Walter E.
Green, Sidney
Moncure, Ashby C.
Olin, Harry S.
Schwartz, Joseph E.
Wakefield
Cohen, Saul H.
Fiascone, Arnold D.
Rosenthal, Murray K.
Waltham
Agranat, Barry J.
Anderson, Donald F.
Barber, Doris E.
Bladon, Mariluci T.
Daly, James J.
Edelstein, Leon M.
Haessler, Herbert A.
Hardy, Irad B.
Jungalwala, Firoze B.
Kety, Josephine G.
Kolodny, Edwin H.
Kumar, Anil
Lewis, Joseph L.
Mackay, Harry A.
McCluer, Robert H.
Milunsky, Aubrey
Ouellette, Eileen M.
Papas, Arthur N.
Rosenman, Julian G.
Sidman, Murray
Stewart, Thomas D.
Stoddard, Lawrence T.
Stoffyn, Anne Marie
Stoffyn, Pierre J.
Touchette, Paul E.
Valle, Calixto C.
Williams, Roger S.
Zola, Irving K.
Wareham
Lincoln, James R.
Watertown
Feinhandler, Sherwin J.
Wellesley
Cavanaugh, James J.A.
Cserr, Robert
Flanagan, Norris B.
O'Sullivan, Renee B.
Phillips, Edgar B. II
Stifler, Richard B.
Wellesley Hills
Bell, George O.
Evans, Robert E.
Parker, Jack S.
Pfeffer, William, Jr.
Prather, George C.
Reidy, John A.
Siner, Myron
Steinberg, Robert S.
Stempien, J. Henry
Zeller, John W.
Wellfleet
Dickson, William A.
Wenham
Todd, Barnard P.
West Concord
First, Robert A.
Ruboy, Jordan S.
Saef, Edward C.
West Dennis
Derrick, Charles C.
West Newton
Kelley, Sylvester B.
Willer, Lee H.
Weston
Choras, Peter T.
Clark, John G., Jr.
Gauld, A. Gordon
Harper, Gordon P.
Holmes, Joseph A.
Moreton, John R.
Park, Kyung M.
Sullivan, Francis J.
Vaughan, M. Clay
Wilkins, George F.
Wood, Lawrence C.
West Roxbury
Aaron, Roy K.
Dickson, Dickie B.
Helman, Milton E.
Sasahara, Arthur A.
Westwood
Hillier, Robert K.
Jacobson, Gary
Schlauch, Robert W.
Williamstown
Reynolds, George S.
Winchester
Annino, Donald J.
Fahey, Stephen R.
Griesamer, Robert D.
Gross, Brian H.
Kaufman, Gustav G.
Kenzora, John E.
Kermond, William L.
Love, Harry M.P.
Marks, George A.
McLean, John D.
Woburn
Murphy, Michael D.
Pollard, James J.
Woods Hole
Acheson, George H.

Corning, Howard G.
Egloff, Frank R.L.

Worcester
Benedict, Karl T., Jr.
Carmody, John T.B.
Cutler, Bruce S.J.
Damiani, C. Robert
DeGirolami, Umberto
Duggan, John A.
Gibson, James M.
Harper, Robert S.
Hermann, John B.
James, Lewis P., Jr.
Janower, Murray L.
Johnson, Verner S.
Kadish, Sidney P.
Morris, Madeline B.
Starobin, Oscar E.
Stone, Bernard B.
VanderSalm, Thomas J.
Waud, Barbara E.
Weiner, Milton A.
Wheeler, Bancroft C.
Yankauer, Alfred
Zmyslowski, Walter P.

MICHIGAN

Ann Arbor
Behrendt, Douglas M.
Bishop, Ronald C.
Brode, Marvin M.
Dworin, Aaron M.
Quarton, Gardner C.
Sweet, Robert B.
Waldron, Alexander M.

Birmingham
Arnstein, A. Robert
Leach, Charles A., Jr.
Russell, Henry N., Jr.

Detroit
DelGuidice, Peter A.
Eyler, William R.
Frame, Boy
Mitchell, David C.
Morris, Roger H.
Prus, Alphonse M.
Smith, W. Pierce
Sphire, Raymond D.
Stiefel, Daniel M.
Sweeny, Donald N., Jr.
Youn, Chang H.

Grand Rapids
Beeman, Carl B.
Herndon, James H.

Grosse Pointe
Blodgett, William H.
Krickstein, Herbert I.
Seebacher, Jurgen
Zukowski, Henry J.

Ionia
Tannenheimer, John F.

Iron Mountain
Alexander, William H.

Jackson
Munro, Nathan D.

Orchard Lake
Larson, Ronald R.

Traverse City
Esslinger, John O.

Livonia
Abrahams, Saliem M.

Southfield
Wirthlin, LeRoy S.

Ypsilanti
Smillie, John W.

MINNESOTA

Golden Valley
Popkin, Michael K.

Isle
Harvey, Joan

Minneapolis
Allen, David W.
Croll, Diane
Florence, David W.
Fraley, Edwin E.
Goetz, Frederick C.
Johnson, Norman P.
Kennedy, B., Jr.
Markland, A. Colin
McKhann, Charles F.
Okagaki, Takashi
Peterson, Harold O.
Pohl, John F.
Rodgers, Richard S.
Wang, Yang

Rochester
Brubaker, Richard F.
Haines, Samuel F.
Helmholtz, Henry F., Jr.
Karnes, William E.
Randall, Raymond V.
Weinshilboum, Richard M.

St. Paul
Brier, Arnold M.
Ramirez-Lassepas, Manuel

MISSISSIPPI

Holly Springs
Young, Thomas K.

Jackson
Davis, Fred G.
Glass, D. David
Guyton, Arthur C.
Irwin, Robert J., Jr.
Tonnesen, Alan S.
Weems, William L.

MISSOURI
Chesterfield
Stephens, William A.
Clayton
Volpe, Joseph J.
Fort Leonard Wood
Pierce, R. Wendell
Kansas City
Trowbridge, Ellsworth H., Jr.
St. Joseph
McDaniel, John R.
St. Louis
Alpers, David H.
Chaplin, Hugh Jr.
Feigin, Ralph D.
Funsch, Robert E.
Gelb, Lawrence D.
Hammerman, Marc R.
Hanaway, Joseph
Hanser, Theodore H.
Hershey, Falls B.
Kotner, Lawrence M.
Majerus, Philip W.
Mendelsohn, George E.
Miller, Jule P., Jr.
O'Brien, Robert M.
Owens, William D.
Prensky, Arthur L.
Robbins, Eli
Scruggs, Karen L.
Shuter, Eli R.
Strauss, Arthur E.
Thach, W. Thomas, Jr.
Trenton
Fuson, W. Arthur
Webster Groves
Doisy, Edward A., Jr.

NEBRASKA
Omaha
Luikart, Ralph H.

NEVADA
Lad Vegas
O'Rourke, Dermot A.
Reno
Fischer, John R.

NEW HAMPSHIRE
Alton Bay
Miller, Carroll C.
Concord
Heston, Julie L.
Mintz, E. Ross
Riggs, Lamar W.
Dover
Adams, Patricia A.
Wilson, Robert F.
Dublin
Meath, James A.
Exeter
Curtin, Richard R.
Heyl, James T.
Mixter, Charles G., III
Freedom
Pippitt, Richard B.
Greenfield
Bell, John F.
Hanover
Fox, Sherman S.
Friedman, Matthew Joel
Gundersen, Sven M.
Harris, Edward D., Jr.
Heyl, Henry L.
Lipowski, Zbigniew J.
Rolett, Ellis L.
Staples, O. Sherwin, Jr.
Jaffrey
McKittrick, Leland S.
Jaffrey Center
Millard, D. Glynn
Keene
Ash, Homer L.
Laconia
Baker, William J.
Lancaster
Strayer, Luther M., Jr.
Manchester
Walker, Jerome K.
Nashua
Berrien, Frederick B.
Peterborough
Watkins, Arthur L.
Plymouth
Townsend, James H.
Temple
Rock, John

NEW JERSEY
Camden
Zinninger, George F.
Eatontown
Smith, Richard H.
Elizabeth
Gorman, Rosemary V.
Englewood Cliffs
Roberts, Charles D.
Fort Dix
Jones, Frederick L.
Fort Lee
Brauner, Gary L.
Glen Ridge
D'Alessandro, Genesio L.
Hillsdale
Apter, Roy J.
Long Branch
Lopano, Angelo J.

Madison
Diehl, Sylvia D.
Milburn
Leeds, Harold C.
Monclair
Greene, Robert G.
Morristown
Guss, Stephen B.
Newark
Schaaf, Royal S.
New Brunswick
Kuhn, William G., Jr.
Paterson
Van Eerde, Albert
Princeton
Dalrymple, Willard
Rothberg, Harvey D., Jr.
Princeton Junction
Pierson, Joseph D., Jr.
Rahway
Vagelos P. Roy, Sr.
Short Hills
Willetts, Arthur T.
Shrewsbury
Judd, Alvan B.
Springfield
Wosnitzer, Morey
Trenton
Rosenthal, Albert L.
Voorhees
Schantz, Arthur S.

NEW MEXICO

Alburqerqe
Alder, Scott
Gold, Gerald N.
Kinney, Robert J.
Means, Paul H.
Parnell, Edward
Williams, Ralph C., Jr.
Los Alamos
Grier, Robert S.

NEW YORK

APO
Campbell, Carlos C.
Dehnr, Gerlad A.
Krudy, Adrian G.
Zaidan, James R.
Albany
Holt, William L., Jr.
Lozada, Rommel G.
Thomas, Wilbur A.
Atlantic Beach
Fischer, Beverly Ruth
Batavia
McCune, William S.
Bronx
Abramowicz, Mark
Baddock, Sheldon S.
Fisher, Michael
Foldes, Francis F.
Greenhill, Maurice H.
Trieger, Norman
Ulick, Stanley
Brooklyn
Anderson, H. Clarke
Friedman, Clarence F.
Sauire, Lucy F.
Buffalo
Bakay,Louis
Barlow, Joseph J.
Calkins, Evan
Guntupalli, R.M.D.V. Prased
Klein, David M.
Klein, Edmund
O'Connor, Thomas A.
Cold Springs Harbor, Long Island
Walker, Peter F.
Cooperstown
Butler, Henry E.
Klenk, Eugene L.
Mackie, Robert W.
McIver, Monroe A.
Sahler, Otto DeP.
Delmar
Berg, Howard W.
Eden
Hummel, L. Edgar
Geneva
Platzer, William R.
Glen Falls
Batt, Richard C.
Kenmore
Schenk, Worthington G., Jr.
Kingston
Gorman, Mary L. Gannon
Larchmont
Haralambie, James Q.
Little Neck, Long Island
Wenig, Martin
Manchester
Bienvenu, Lester J.
Manhasset, Long Island
Ayers, William B.
Coffey, Edward L., Jr.
Nicosia, Arnold P.
Mechanicville
Ryan, James P.
New Hartford
Millet, J. Bradford
New York City
Ackerman, A. Bernard
Bowden, Lemuel
Buchanan, Thomas M.

Carroll, Robert E.
Chen, Lincoln C.
Cohn, Zanvil A.
Dole, Vincent, P., Jr.
Eaton, Richard G.
Edelman, Gerald M.
Edelson, Richard L.
Edmondson, Richard H.
Finkenstaedt, John T.
Franklin, John E., Jr.
Fuller, Arlan F., Jr.
Goldblatt, Myron E.
Hensle, Terry W.
Hofer, Myron A. II
Kiely, Brian
Make, Michael
Loeb, John N.
Loeb, Robert F.
Los, Edward J.
Luck, David J.L.
Maier, John
Matta, Raymond J.
McGovern, Thomas P.
Metcalf, Kenneth M.
Moore, Burness E.
Nathan, Carl F.
Noone, P. Francis
Oster, Martin W.
Packert, Richard C.
Patterson, Robert L., Jr.
Peterson, Hart deC.
Plank, Charles R.
Quan, Stuart
Rovit, Richard L.
Scheflan, Michael
Schwartz, Gabriel H.
Silverstein, Samuel C.
Steinman, Ralph M.
Stenger, Richard J.
Thomas, Stephen J.
Twombly, Gray H.
Watson, James W.
Watson, Robert F.
Wilson, Philip D., Jr.

Pittsford
Hainen, Ronald L.

Poughkeepsie
Bedell, Wallace C.

Rochester
Allison, Charles R.
Berg, Robert L.
Bohrer, Stanley P.
Burton, Richard I.
Chamberlin, Robert W., Jr.
Crawford, Henry B.
Gillies, Alastair J.
Griner, Paul F.
Jones, Robert H.
Moss, Arthur J.
Rosenthal, Susan N.
Schaffer, Derace L.
States, John D.

St. Albans
Johnson, Houston, Jr.

Scarsdale
Holland, Jimmie, C.B.
Lipman, Marvin M.
Seed, John C.

Schenectady
Judd, James M.

Suffern
Bobroff, Lewis M.

Syracuse
Bornstein, Donald L.
Collins, George H.
Gardner, Lytt I.
Greene, Richard W.
Hale, Clayton H.

Upton
Dahl, Lewis K.

Utica
Case, Carke T.
Knapp, Robert G., Jr.

Valhalla
Williams, Christine L.
Williams, Gary M.

Vestal
Pollack, James A.

Watertown
George, H. Louis, Jr.

Webster
Ricks, John E.

Westbury
Villar, Luis F.

White Plains
Newman, Herbert A.

Woodbury
Charash, Leon J.

NORTH CAROLINA

Asheville
Morrison, Roger W.
Salisbury, Kent W.

Chapel Hill
Barnett, Thomas B.
Chamberlain, Harrie R.
Craige, Ernest
Gabriel, Don A.
Gottshalk, Carl W.
Hadler, Nortin M.
Haslam, Kenneth R.
Lassiter, William E.
Miller, Milton L.
Monroe, John T., Jr.
Noble, John J., Jr.
Parker, John C.
Preston, Edwin T.
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- **Charlotte**
  - Brenizer, Addison G., Jr.
  - Elliot, Joseph A., Jr.
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  - Placak, Joseph C., Jr.
- **Concord**
  - Collins, David L., Jr.
- **Durham**
  - Appel, Stanley H.
  - Griffith, John F.
  - Katz, Samuel L.
  - Lang, David J.
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  - Pearse, Richard L.
  - Peete, William P.J.
  - Reeves, Robert J.
  - Smith, Bruce M.
  - Williams, Robert Sanders
  - Wyngaarden, James B.
- **Fayetteville**
  - Amick, Arthur F.
- **Grrensboro**
  - Register, John F.
  - Spencer, Richard E.
  - Troxler, Eulyss R.
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  - Talmadge, Sam M.
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  - Cannon, Helen C.
  - Cannon, Woodward
  - Gada, Preston H.
  - Manly, Isaac, V.
  - Myers, Richard S.
  - Rhodes, John S.
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  - Young, David A.
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  - Arrowood, Julia G.
  - McMillan, Robert M.
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  - Conrad, Elizabeth

OHIO

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  - Skoblar, Richard S.
  - Voke, Edward L.
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  - Traul, Richard S.
- **Canton**
  - Scott, Murray W., Jr.
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  - Gall, Edward A.
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  - Tew, John McL.
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  - Banker, Betty Q.
  - Brodkey, Jerald S.
  - Cosgrove, Delos M.
  - DiMarco, John P.
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  - Ford, Amasa B.
  - Glover, Donald M.
  - Groves, Laurence K.
  - Kendrick, James I.
  - Kennedy, John H.
  - qqLederman, Richard J.
  - Lytle, Bruce W.
  - Pearson, Olaf H.
  - Pohl, Marc A.
  - Selinger, Samuel L.
  - Thurer, Robert L.
  - Weir, David R.
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  - Ellis, Effie O.
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  - Haynes, Ruth C.
  - Haynes, Walter M.
  - Heggie, John F.
  - Smead, William L.
  - Tetirick, Jack E.
  - Vasquez-Amory, Ernesto
- **Dayton**
  - Hockwalk, W. Richard
- **Moreland Hills**
  - Baumgartner, Donavin A., Jr.
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  - Shipley, Margaret S.
- **Oberlin**
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OKLAHOMA

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  - Schuler, James D.
- **Duncan**
  - Morton, Robert O.
- **Muskogee**
  - Fite, E. Halsell
- **Oklahoma City**
  - Bell, James P.
  - Carter, George Ben
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  - McClellan, Betty J.
  - Stout, Hugh A.
- **Tinker AFB**
  - Kent, Peter D.
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- Singer, Kenneth M.

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- Barss, Theodore P.
- Durno, Edwin R.
- Rutter, Thomas

Portland
- Baker, Russell L.
- Boyden, Allen M.
- Garrison, Penelope K.
- Lawrence, G. Hugh
- Novy, Miles J.
- Prescott, William G.
- Ray, Leon F.
- Sutherland, Donald W.

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- Dohan, F. Curtis

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- Cascario, Nicholas, Jr.

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- Aber, Robert C.
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- Lookingbill, Donald P.
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- Satten, Neal R.

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- Nicholson, Jesse T.
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- Petersen, Robert Ole
- Pietra, Giuseppe G.
- Roth, James L. A.
- Schmidek, Henry H.H.
- Schnabel, Truman G., Jr.
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- Spann, James F., Jr.
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- Broudy, Arnold S.
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- McLaughlin, William B.
- Newfield, Phillippa
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- Price, Stuart E., Jr.
- Savodnik, Irwin

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Helgeson, Norman G.P.

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Stewart, R. Malcolm
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Williams, J. Richard, Jr.
Williams, Oscar B., Jr.

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El Paso
Samuels, David A.

Fort Worth
Key, Robert E.
Rutledge, Robb H.
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David, Soloman D.
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Wichita Falls
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Hammond, M. Elizabeth H.
Heyes, Edward A.
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Magarian, Howard S.
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Molind, Samuel E.

Bennington
Baker, Dudley M.
Giddings, W. Philip
Greenleaf, David T.

Brattleboro
Glick, John L.

Burlington
Donaghy, Raymond M.P.
Kuhlmann, Raymond F.
Leadbetter, Guy W., Jr.
Mazuzan, John E., Jr.
Soule, A. Bradley, Jr.
Soyke, Lester F.
Tisdale, William A.

Monnisville
Sun, Edward R.

St. Johnsbury
Morrison, Harvey R.

Shelburne
Bowen, Charles R.
Lowell, William H., Jr.
Molloy, Maureen K.

Townsend
Decker, Briant L.

West Townshen
Folson, Hugh F.

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Crandell, Walter B.
Learmonth, Suzzane J.

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McLean
Bridge, Edward M.
Newport News
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Portsmouth
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Richmond
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James, G. Watson III
Jones, Basil B.
Jordan, William R.
Sutphin, Adney K.
Thompson, W. Taliaferro, Jr.
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Ulmer, Jack L.
Wright, R. Lewis
Roanoke
DeVerter, John S.
Glendy, Margaret M.
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Wood, Benjamin S.
Vienna
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Virginia Beach
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Williamsburg
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WASHINGTON

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Milam, Daniel F., Jr.
Bellingham
Watts, Arthur B.
Mercer Island
Skinner, Alfred L., Jr.
Olympia
Jones, Gordon E.
Seattle
Bogosian, Armen J.
Brown, Norman K.
Dale, David C.
Greene, Martin L.
Kleinman, Arthur M.
Mannik, Mart
McCollum, Richard G.
Odland, George F.
Patterson, Susan D.
Rutherford, Robert N.
Ryan, John A., Jr.
Shurtleff, David B.
Volwiler, Wade
Spokane
Brunes, Carl F.
Johnston, Edward V.
Kleaveland, Richard N.
Tacoma
Eliel, Leonard P.
Walla Walla
Brooks, Peter T.
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Yacima
Mathieu, Thomas J.

WEST VIRGINIA

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Charleston
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Hills, Henry M., Jr.
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Fairmont
Shaffer, Frederick G.
Morgantown
Morgan, Winfield S.
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WISCONSIN

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Schmidt, Robert A.
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Gundersen, A. Erik
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Rodman, Charles A. II
Tompkins, Douglas G.
Madison
Albright, Edwin C.
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Johnson, Sylvia
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Milwaukee
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Conley, James E.
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ARGENTINA
Buenos Aires
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AUSTRALIA
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Atkinson, Kenneth H.
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West Hamilton
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ENGLAND
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MEXICO
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Muller, Walter A.
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PLANNED GIVING
WILLS AND BEQUESTS

The founding of the Massachusetts General Hospital in 1811 and its notable service over the succeeding years have been made possible in large part by generous gifts and bequests. Now, in addition, planned giving arrangements, including the give annuity, the charitable remainder unitrust, the charitable remainder annuity trust, and the pooled income fund, are available — and are being used — to the mutual benefit of donors and the hospital.

Funds may be left by will to the Massachusetts General Hospital in one or more of the following ways:

A cash bequest leaves a specific dollar amount.

A bequest of all or a stated percentage of the residue of an estate gives the hospital all or such stated percentage of the balance of the estate after payment of debts, taxes, expenses of administration, and specific bequests.

A bequest of a remainder of a charitable remainder trust after a life estate in a surviving spouse or other beneficiary(ies) gives the hospital all or a portion of the principal sum of such trust following the death of the spouse or other life beneficiary(ies).

A contingent bequest makes the hospital the beneficiary only in the event that other designated beneficiaries fail to survive the donor.

Should you plan to include the hospital in your will — or should you be interested in one of the types of gifts described above — the hospital could suggest to you or your lawyer specific wording for carrying out your wishes.

Joseph C. Donnelly, Jr., Director of Development (telephone: 726-2200), would be pleased to hear from you and to provide whatever information you or your lawyer may seek.